

S. No. 2
 1-8-43
 5-17-39
 P I X37823

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 1685
 Registrar's No. 164

FILED JAN 31 1946

Registration District No. 117 Primary Registration District No. 1002

1. PLACE OF DEATH:
 (a) County Jackson
 (b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Menorah Hospital 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 17 weeks
(Specify whether years, months or days)
 In this community Lifetime Hospital

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson 48
 (c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
 (d) Street No. 4000 Wyoming 8
(If rural, give location)
 (e) Citizen of foreign country? 0 (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Jeannette Poynter
 3. (b) If veteran, name war none 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Jan. day 8
 year 1946 hour _____ minute _____ M.
 21. I hereby certify that I attended the deceased from Sept. 13, 1945
 _____, 19____, to Jan. 8, 1946;

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Oct. 22 1894
(Month) (Day) (Year)

that I last saw h_____ alive on _____, 19____; and that death occurred on the date and hour stated above.
 Immediate cause of death _____
Carcinoma - Uterus

8. AGE: Years Months Days If less than one day
51 2 16 hr. _____ min.

Duration 1 year
 Due to _____
 Due to _____
 Other conditions _____
(Include pregnancy within 3 months of death)
 Major findings: U88
 Of operations _____
 Of autopsy Carcinoma uterus

9. Birthplace Kansas City Mo.
(City, town, or county) (State or foreign country)
 10. Usual occupation house keeper
 11. Industry or business at home

PHYSICIAN _____
 Underline the cause to which death should be charged statistically.
 22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

MOTHER FATHER
 { 12. Name James Poynter
 { 13. Birthplace no record Iowa
(City, town, or county) (State or foreign country)
 { 14. Maiden name Emma Trainer
 { 15. Birthplace Eudora Kans.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. L. B. Nelson
 (b) Address 5643 Garfield.
 17. (a) burial (b) Date thereof 1/14/46
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Forest Hill Cem.

While at work? _____ (Specify type of place)
 (e) Means of injury _____
 23. Signature A. Sophia (M. D. or other)
 Address 1406 Bryant Bldg. KC. Mo. Date signed 1-11-46

18. (a) Signature of funeral director Gates Funeral Home
 (b) Address KANSAS CITY, Kans.
 19. (a) 1-11-46 (b) Alma Holme
(Date received local registrar) (Registrar's signature)

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed

J.R. Blanford

Licensed Embalmer No. *4015*

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

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