

**FILED** MAY 27 1946 **STANDARD CERTIFICATE OF DEATH**

State File No. **16336**

Registration District No. **128**

Primary Registration District No. **2000**

Registrar's No. **379**

**1. PLACE OF DEATH:**

(a) County **GREENE**  
 (b) City or town **Springfield**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution **St. John's Hospital 0**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution.....  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Mary Antoinette Poynor**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **I.M. Poynor** 6. (c) Age of husband or wife if alive **Dec.** years

7. Birth date of deceased **Aug. 7, 1873**  
(Month) (Day) (Year)

8. AGE: Years **72** Months **8** Days **26** If less than one day  
hr. min.

9. Birthplace **Carroll Co., Ark.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Druggist**

11. Industry or business

MOTHER FATHER {  
 12. Name **William P. Kirkham**  
 13. Birthplace **UNK. Georgia**  
(City, town, or county) (State or foreign country)  
 14. Maiden name **Emmeline Harvey**  
 15. Birthplace **UNK. Georgia**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mary Poynor**  
 (b) Address **Berryville, Ark.**

17. (a) **Burial** (b) Date thereof **4-5-46**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Berryville Ark. Nelson Funeral Home**

18. (a) Signature of funeral director  
 (b) Address **Berryville, Ark.**

19. (a) **5-8-46** (b) **W. H. Handley**  
(Date received local registrar) (Registrar/signator)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Arkansas** (b) County **Carroll 977**  
 (c) City or town **Berryville, Ark.** **3**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **0**  
(If rural, give location)  
 (e) Citizen of foreign country? **No.** (Yes or No) **2**  
 If yes, name country.....

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **May** day **3**  
 year **1946** hour **2: A.** Minute **M.**

21. I hereby certify that I attended the deceased from **4/5/46** 19 to **5/3/46** 19;  
 that I last saw her alive on **5/3/46** 19;  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma, abdominal** **2 mo.**  
**(Site of origin unknown)**  
Duration

Due to.....  
 Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.....  
 Of autopsy **558**  
 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?

While at work?.....  
(Specify type of place) (c) Means of injury

23. Signature **J. B. Jamison** (M. D. or other) **M.D.**  
 Address **Springfield, Mo.** Date signed **4/8/46**

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

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