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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 1 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 223228

Registration District No. 375 Primary Registration District No. 6284 Registrar's No.

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

1. PLACE OF DEATH:

(a) County Wright

(b) City or town Rural Montgomery Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 55 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wright 114

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. 8 miles northeast of Graff 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Jonathan Aaron Pointer

3. (b) If veteran, name war No

3. (c) Social Security No. no

4. Sex Male

5. Color or race white

6. (a) Single, widowed, married, divorced widowed 2

6. (b) Name of husband or wife Martha Pointer

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Jan (Month) 31 (Day) 1872 (Year)

8. AGE: Years 75 Months 4 Days 15 If less than one day hr. min.

9. Birthplace Maries (City, town, or county) Mo (State or foreign country) 0

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Washington Pointer
13. Birthplace Unknown (City, town, or county) U.S. (State or foreign country) 1

MOTHER
14. Maiden name Linn Rook
15. Birthplace Unknown (City, town, or county) U.S. (State or foreign country) 1

16. (a) Informant Emmett Pointer
(b) Address Graff Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 19 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Pisgah

18. (a) Signature of funeral director R. W. Barber
(b) Address Mtn. Grove Mo.

19. (a) (Date received local registrar) (b) E. B. Garner MBW (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 16
year 1947 hour 11.00 minute A M.

21. I hereby certify that he had no medical attendant ~~I attended the deceased from~~
, 19 , to , 19 ;
that I last saw him soon after death June 16 , 1947;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Probably Coronary Thrombosis	
Due to Heart trouble for several years Exact nature unknown	
Due to	
Other conditions (Include pregnancy within 3 months of death)	94A
Major findings: Of operations	
Of autopsy	

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? He dried out in the field where he was working. (Specify type of place)

While at work? (e) Means of injury

23. Signature A. C. Ames M.D. (M. D. or other)

Address Mountain Grove Mo. Date signed 6-16-47

(Licensed Embalmer's Statement on Reverse Side)

JUL 3 1947

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 R. W. Barber

Licensed Embalmer No. 3848

P. O. Address Mtn. Grove, Mo.

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.