

No. 300
A-10-47
5-17-39
I 3908

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **33791**
Registrar's No. **81**

FILED NOV 6 1948
Registration District No. **2407**

Primary Registration District No. **3057**

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

1. PLACE OF DEATH:

(a) County Ray

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

(c) Name of hospital or institution:
128 Henry St. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community Life
years, months or days

3: (a) PRINT FULL NAME E DESSIE JANE POINTER.

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female 5. Color or race Wh.

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

6. (b) Name of husband or wife George B. Pointer 6. (c) Age of husband or wife if alive 81 years

7. Birth date of deceased: Nov. 2 1878
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>69</u>	<u>11</u>	<u>8</u>	hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name Joe Skelton

13. Birthplace Ray County Mo. 0
(City, town or county) (State or foreign country)

14. Maiden name Martie Green

15. Birthplace Ray County Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant George B. Pointer

(b) Address Richmond, Mo.

17. (a) Burial (b) Date thereof Oct 12 - 48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Swampy Slope - Richmond

18. (a) Signature of funeral director Thomas J. Carter

(b) Address Richmond Mo.

19. (a) Oct 16 - 1948 (b) Maluel Jackson
(Date received local registrar) (Registrar's signature) 273

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Ray 29

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

(d) Street No. 128 Henry
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) _____
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 10
year 1948 hour 5 minute 10 A.M.

21. I hereby certify that I attended the deceased from Sept. 14 1948 to Oct. 10 1948;
that I last saw her alive on October 10 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death: Bronchopneumonia (terminal) 24 hrs.

Due to Pulmonary edema 2 day 2

Due to Acute Rt. sided heart failure 1 wk.
& Cardiovascular renal disease 5 yrs.

Other conditions (Include pregnancy within 3 months of death) _____

PHYSICIAN

Major findings:
Of operations _____

Of autopsy 1810

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 0

23. Signature J. M. Johnson (M. D. or other M.D.)
Address Richmond, Missouri Date signed 10/11/48

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 11-5-48

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 Thomas J. Carter
Licensed Embalmer No. 4474
P. O. Address Richmond, 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.