S. No. 2
M—5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37615

FILED DEC 9 1948

Registration District No. 215 Primary Registration District No. 4409 Registrar's No. 103

1. PLACE OF DEATH:
(a) County Phelps
(b) City or town Newburg
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(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)
In this community 28 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Phelps 81
(c) City or town Newburg 1
(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) 0
If yes, name country

3. (a) PRINT FULL NAME DANIEL POYNTER

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Lizzy Poynter

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

7. Birth date of deceased Sept (Month) 13 (Day) 1867 (Year)

8. AGE: Years 81 Months 2 Days 7 If less than one day hr. min.

9. Birthplace Summerset (City, town, or county) Ky. (State or foreign country) 1

10. Usual occupation Carpenter

11. Industry or business

MOTHER FATHER

12. Name unknown 9

13. Birthplace unknown (City, town, or county) (State or foreign country) 9

14. Maiden name unknown

15. Birthplace unknown (City, town, or country) (State or foreign country) 9

16. (a) Informant Opal Poynter
(b) Address Newburg Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 23 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Cobalt Knob

18. (a) Signature of funeral director Lee Duncan
(b) Address Newburg Mo

19. (a) 12-4-48 (Date received local registrar) (b) Nadine L. Stoll (Registrar's signature) 290

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov 20 day 20 year 1948 hour 3:00 minute M.

21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...; that I last saw h... alive on ....., 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary occlusion	
Due to Valvular heart disease	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Richard C. Myers (M. D. or other) DC
Address Newburg, Mo. Date signed Nov 24 48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Phelps County Health Officer,
County File Number
Date Filed 12/8/48

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.....

Licensed Embalmer No. 3892

P. O. Address Newburg 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.