WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

I X12004

JAN 11 1939

# MISSOURI STATE BOARD OF HEALTH
## BUREAU OF VITAL STATISTICS
### CERTIFICATE OF DEATH

43744
Do not use this space.

1. PLACE OF DEATH
(a) County Madison 2 Registration District No. 538
(b) Township St. Michaels 1 Primary Registration District No. 5723 Registered No. 104
(c) City Fredericktown (d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 320 SHERMAN POTTS
(a) Residence, No. Madison Co. St. ☐
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Alice Potts
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 28 1865
7. AGE YEARS 73 MONTHS 9 DAYS 25 If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) Dec 15, 1938
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shannon Co. Mo

FATHER
13. NAME Isaac Potts
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER
15. MAIDEN NAME Martha Thompson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) James Potts
18. BURIAL, CREMATION, OR REMOVAL
PLACE Mine La Motte Mo DATE Dec. 25, 1938
19. FUNERAL DIRECTOR (ADDRESS) William B. O'Connor Fredericktown, Mo.
20. FILED Dec 24, 1938 S. C. S Laughlin 451
Local Registrar.
By C. D. Schwanke
(Licensed Embalmer's Statement on Reverse Side)

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 28, 1938
22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1938, to Dec 28, 1938
I last saw him alive on Dec 22, 1938. Death is said to have occurred on the date stated above, at 7:15 a.m.
The principal cause of death and related causes of importance were as follows:
Carcinoma of rectum. Date of onset about 1937
4b
Other contributory causes of importance: Chronic nephritis
Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....
24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) W. Henry Bowen, M. D.
(Address) Fredericktown Mo

**STATEMENT BY LICENSED EMBALMER**

I, William B. O'Connor, Licensed Embalmer No. 3975

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed William B. O'Connor

Licensed Embalmer No. 3975

**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.)**