DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11204

APR 23 1940

Registration District No. 398 — Primary Registration District No. 5554 — Registrar's No. 79

1. PLACE OF DEATH:

(a) County: Jackson

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

(c) Name of hospital or institution: Independence -- Route 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 2 (Specify whether years, months or days)

In this community: 50 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson

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

(d) Street No.: 106 S. Park
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 67 years.

3. (a) PRINT FULL NAME: Samuel Potter

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: Widower

6. (b) Name of husband or wife: Amanda Potter

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

7. Birth date of deceased: Nov. (Month) 26, (Day) 1851 (Year)

8. AGE: Years 88 | Months 3 | Days 12 | If less than one day: hr. min.

9. Birthplace: (City, town, or county) Russia (State or foreign country)

10. Usual occupation: Retired Farmer

11. Industry or business:

FATHER
12. Name: Unknown
13. Birthplace: Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown (City, town, or county) (State or foreign country)

16. (a) Informant's own signature: Mrs. Eva Ruppert
(b) Address: Blue Springs, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3/9/40 (Month) (Day) (Year)
(c) Place: burial or cremation: Mound Grove Cem.

18. (a) Signature of funeral director: Cato & Speaks
(b) Address: Independence, Mo.

19. (a) March 8-1940 (Date received local registrar) (b) F. L. Cook (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Mch day: 7 year: 1940 hour: minute: M.

21. I hereby certify that I attended the deceased from Mch 3, 1940, to Mch 7, 1940, that I last saw him alive on Mch 6, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bronchopneumonia	4 days
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death): Chr. Interstitial nephritis	

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: (M. D. or other) MD
Address: Independence Mo Date signed: 3-7-40

(Licensed Embalmer's Statement on Reverse Side)

Rev. 5-17-30 — 1 X19511

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

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 He

, Registered Apprentice No. ,

working under my personal supervision.

Signed Roland P. Speaks

Licensed Embalmer No. 3604

P. O. Address Independence, 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, above space should be left blank.