

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. 14721Registration District No. 24Primary Registration District No. 0300

Registrar's No. _____

1. PLACE OF DEATH:

- (a) County Cooper
 (b) City or town Clifton City
 (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 2
 In this community 24 yrs (Specify whether years, months or days) 21-0

3. (a) PRINT FULL NAME

JENNIE - ELLEN POTTER

3. (b) If veteran, name war _____

8. (c) Social Security No. L4. Sex Female5. Color or race W6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife John Potter6. (c) Age of husband or wife if alive 67 years7. Birth date of deceased Dec 15 - 1875

(Month)

(Day)

(Year)

8. AGE: Years

64

Months

3

Days

25

If less than one day

hr. _____ min.

9. Birthplace

Marshall Mo

(City, town, or county)

(State or foreign country)

10. Usual occupation

Housewife

11. Industry or business

same

12. Name

William Phillips

13. Birthplace

Pilot Grove Mo

(City, town, or county)

(State or foreign country)

14. Maiden name

May Hendry

15. Birthplace

Pilot Grove Mo

(City, town, or county)

(State or foreign country)

16. (a) Informant

J. E. Potter

(b) Address

Clifton City Mo

17. (a) (Burial, cremation, or removal)

Burial

(b) Date thereof

12-12-40

(Month) (Day) (Year)

(c) Place: burial or cremation

Pilot Grove Cem.

18. (a) Signature of funeral director

J. E. Potter

(b) Address

Pilot Grove Mo19. (a) 4/11/1940(b) W. H. Fugle

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Cooper
 (c) City or town Clifton City Mo
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day april
year 1940 hour 5 minute 30 P. M.21. I hereby certify that I attended the deceased from March 22
_____, 1940 to April 10, 1940
that I last saw her alive on March 22, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death

1 Empyema left chest
2 Valvular disease, Cardiac

Duration

8 months
2 months

Due to

aortic insufficiency

Due to

(Post influenza)

Other conditions

(Include pregnancy within 3 months of death)

g. 2. 2

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? _____
 (Specify type of place) _____
 Means of injury _____

23. Signature Chas. D. Brown (M. D. or other) _____
Address 113 1/2 E. 4th, Sedalia Date signed 4/12/40

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 _____

Myself

Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Lepton E. Hays

Licensed Embalmer No. *3074*

P. O. Address *Deloit Grove*

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.