

Registration District No. 13

Primary Registration District No. 4010

Registrar's No. 29

1. PLACE OF DEATH:

(a) County Andrew
(b) City or town Savannah
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Nicholas Sanatorium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 24 days
In this community 34 days
years, months or days

8. (a) PRINT FULL NAME Ida Potratz 313
8. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Fred Potratz
6. (c) Age of husband or wife if alive 77 years
7. Birth date of deceased July 12 1873
(Month) (Day) (Year)

8. AGE: Years 66 Months 11 Days 7
If less than one day hr. min.

9. Birthplace Concordia Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation house wife

11. Industry or business
12. Name Ferdinand Kurg D
13. Birthplace unknown Germany
(City, town, or county) (State or foreign country)
14. Maiden name Roseanna Schley
15. Birthplace Concordia Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Edmer W. Potratz
(b) Address Rocky Ford Colorado

17. (a) removal (b) Date thereof June 30 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bassett Neb.

18. (a) Signature of funeral director Francis A. Bowman
(b) Address Savannah Missouri

19. (a) June 29-40 (b) Mrs. Jennie Rach
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Nebraska (b) County Rock
(c) City or town Bassett
(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 6 day 29
year 1940 hour 8.45 minute P M.

21. I hereby certify that I attended the deceased from 5-24, 1940, to 6-29, 1940
that I last saw him alive on 6-24, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis with
terminal ileum left side 2 days

Due to Carcinoma left breast 3 months

Other conditions 50
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

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?
934

(Specify type of place) _____
While at work? _____ (e) Means of injury _____

23. Signature Willard A. Stearns (M. D. or other) 1
Address Savannah Mo. Date signed 6-29-40

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

MOTHER FATHER

RECEIVED

District Health Officer No. 11;

District File Number.....740-1214

Date Filed Jul 12 1940

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 June 29, 1940

....., Registered Apprentice No.

working under my personal supervision.

Signed Wm. E. Summerfield

Licensed Embalmer No. 3007

P. O. Address 319 E. 10. St. Joseph 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.