

Registration District No. 580Primary Registration District No. 5777

Registrar's No. _____

1. PLACE OF DEATH:

- (a) County Monroe
(b) City or town Union township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: home 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Grace Mae Potter 31.1

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Edd Potter 6. (c) Age of husband or wife if alive 49 years
7. Birth date of deceased June 4 1888
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
52 25 15 hr. _____ min.9. Birthplace Middle Grove
(City, town, or county) (State or foreign country)10. Usual occupation Housewife C

11. Industry or business _____

- MOTHER FATHER { 12. Name Henry C. Maberely
18. Birthplace Monroe County, Mo. C
(City, town, or county) (State or foreign country)
14. Maiden name Lizzie Maxey
15. Birthplace Monroe County, Mo. C
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature [Signature]
(b) Address Madison, Mo.17. (a) Burial (b) Date thereof 8 21 40
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Sunset Hill18. (a) Signature of funeral director [Signature](b) Address Madison, Missouri19. (a) 8/20 1940 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 19
year 1940 hour eleven minute _____ A.M.21. I hereby certify that I attended the deceased from July 1st 1940
_____, 19 _____, to Aug 19 _____, 19 40
that I last saw her alive on Aug 19 _____, 19 40
and that death occurred on the date and hour stated above.Immediate cause of death Cerebral Thrombosis NK
Due to Reynolds Raynolds -
poisonDue to _____
Other conditions [Signature]
(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? 5/2
While at work _____ (Specify type of place) (e) Means of injury _____

23. Signature [Signature] (M.D. or other) D.O.
Address Paris, Mo Date signed 8-19-40

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Paul G. Thompson

Licensed Embalmer No.....

1420

P. O. Address.....

Madison, 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.