

Registration District No. **908**

Primary Registration District No. **4549**

Registrar's No. **51**

1. PLACE OF DEATH:

(a) County **Wright**
(b) City or town **Mt. Hope, Mo.**
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **20**
years, months or days (Specify whether)

In this community **6 years**
years, months or days

8. (a) PRINT FULL NAME **John C. 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 **WIDOW**

6. (b) Name of husband or wife **Unknown** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Sept. 7 1858**
(Month) (Day) (Year)

8. AGE: Years **82** Months **0** Days **9** If less than one day hr. _____ min. _____

9. Birthplace **Jackson County Iowa**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business _____

12. Name **Potter**

13. Birthplace **New York State**
(City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace **Canada**
(City, town, or county) (State or foreign country)

16. (a) Informant **Kenneth Herron**
(b) Address **Mt. Hope, Mo.**

17. (a) **Burial** (b) Date thereof **Sept. 10, 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Flower**

18. (a) Signature of funeral director **Russell Brady**
(b) Address **Mt. Hope, Mo.**

19. (a) **9-25-40** (b) **Berice Montgomery**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Wright**
(c) City or town **Mt. Hope**
(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 **Sept.** day **16**
year **1940** hour **4** minute **30 A.M.**

21. I hereby certify that I attended the deceased from **About**
Aug 15, 1940, to Sept. 12, 1940;
that I last saw him alive on **Sept 12, 1940;**
and that death occurred on the date and hour stated above.

Immediate cause of death **General debility of age.**
Sympt cause of death undetermined.
Had an apoplectic stroke some years ago.
Due to **and had never fully recovered from it.**
Heart and lungs seemed in good condition.
Due to **had no fever when seen by me.**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy **None**

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 **A. L. Ames** (M. D. or other) **1**
Address **Mountain Grove, Mo.** Date signed **9-16-40**

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

4
3
1

RECEIVED

District Health Officer No. 6;

District File Number 1040-2746

Date Filed OCT 17 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.....

....., Registered Apprentice No.

working under my personal supervision.

Signed Russell Barber

Licensed Embalmer No. 3848

P. O. Address 5th. 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.