

No. 2  
1-12-40  
-17-39  
X23159

**OCT 23 1940**

Registration District No. 265 Primary Registration District No. 5366 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:  
(a) County De Kalb  
(b) City or town Santa Rosa  
(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 Forty Years  
In this community Forty Years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County De Kalb  
(c) City or town Santa Rosa, Mo. Rural  
(d) Street No. \_\_\_\_\_  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

3. (a) PRINT FULLNAME Elizabeth Potter  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. None

4. Sex Female race White 5. Color or race \_\_\_\_\_  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Thomas Potter 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Not known  
(Month) (Day) (Year)

8. AGE: Years 83 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Housekeeper

11. Industry or business \_\_\_\_\_

MOTHER FATHER } 12. Name George Jones  
13. Birthplace Not known  
14. Maiden name Not known  
15. Birthplace \_\_\_\_\_

16. (a) Informant \_\_\_\_\_  
(b) Address Pattonsburg, Mo.

17. (a) Burial (b) Date thereof Sept. 20  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation (Riggs) Weatherby, Mo.

18. (a) Signature of funeral director \_\_\_\_\_  
(b) Address Pattonsburg, Mo.

19. (a) Oct 1-40 (b) Janice Fitzgerald  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Sept. day 20 year 1940 hour 2 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from Jan 1 to Sept 18, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of foot

Due to \_\_\_\_\_  
Due to 5/1

Other conditions (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? \_\_\_\_\_

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

23. Signature L. Frank Hedges (M. D. or other) \_\_\_\_\_  
Address Pattonsburg Date signed 10/21/40

Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 11,

District File Number \_\_\_\_\_

Date Filed \_\_\_\_\_

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**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 *E. Schomer*

Licensed Embalmer No. 2857

P. O. Address Pattonsburg 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, fact should be so stated above.**