

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

8556  
FILED DEC 21 1940

Registration District No. 220

Primary Registration District No. 4136

Registrar's No. 77

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

1. PLACE OF DEATH:

(a) County Cooper  
(b) City or town Rural - Clear Creek  
(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 90 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. Beaman Mo - R#1  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME CANDACE-LUCINDA-POTTER

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 widowed  
6. (b) Name of husband or wife George Potter  
6. (c) Age of husband or wife if alive 4 years (Month) (Day) (Year)  
7. Birth date of deceased Jan - 4 - 1848 (Month) (Day) (Year)

8. AGE: Years 97 Months 10 Days 0 If less than one day ✓ hr. min.

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

10. Usual occupation Housewife

11. Industry or business same

MOTHER FATHER { 12. Name Austin Phillips  
18. Birthplace unknown Tennessee (City, town, or county) (State or foreign country)  
14. Maiden name Jane M. Potter  
15. Birthplace unknown South Carolina (City, town, or county) (State or foreign country)

16. (a) Informant Nellie Durey  
(b) Address Beaman Mo - R#1  
17. (a) Rural (Burial, cremation, or removal) (b) Date thereof Nov - 6 - 1940 (Month) (Day) (Year)  
(c) Place: burial or cremation Lynn's Cemetery

18. (a) Signature of funeral director J. Estaya  
(b) Address 51st Ave Mo - Haystack  
19. (a) 10. 5. 1940 (Date received local registrar) (b) H. B. Peterson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov - day 4th year 1940 hour 7 minute 30 A.M.

21. I hereby certify that I attended the deceased from Oct 20 1940 to Nov 4 1940 that I last saw him alive on Nov 1 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Chrom. Myocarditis

Due to Hypertension

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 130  
Of autopsy

Duration  
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?  
23. Signature [Signature] (Specify type of injury) (M. D. or other)  
Address Beaman Mo Date signed 11/4/40

RECEIVED  
District Health Officer No. 8,  
District File Number 12-11-40  
Date Filed

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, Myself

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Lepton E. Mayo

Licensed Embalmer No. 3074

P. O. Address Gulat Grove, Md.

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.