No. 2
4-13-40
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 10 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41945

Registration District No. 85 | Primary Registration District No. 5127 | Registrar's No. 1267

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

1. PLACE OF DEATH:
(a) County: Buchanan
(b) City or town: Rural Washington (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 12 th. Harmon (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days) In this community: 43 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: Buchanan
(c) City or town: Rural (If outside city or town limits, write "RURAL")
(d) Street No.: 12 th. Harmon (If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME: IDA JANE POTTER
3. (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: widowed
6. (b) Name of husband or wife: F.L.Potter
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased: Aug. (Month) 23rd. (Day) 1862 (Year)

8. AGE: Years 78 | Months 3 | Days 9 | If less than one day ____ hr. ____ min.

9. Birthplace: Clinton (City, town, or county) Ill. (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business: Home
MOTHER FATHER
12. Name: Geo. W. Keever
13. Birthplace: unknown (City, town, or county) Unknown (State or foreign country)
14. Maiden name: Ada Hormell
15. Birthplace: unknown (City, town, or county) unknown (State or foreign country)
16. (a) Informant: Mrs. Grace Thomsen
(b) Address: 12 th. Harmon St. Joseph, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12-4-40 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Auburn Cemetery
18. (a) Signature of funeral director: FLEEMAN & SON INC.
(b) Address: St. Joseph, Mo.
19. (a) Dec. 4, 1940 (Date received local registrar) (b) H. J. Westlebuyk M. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 2nd. year 1940 hour 8 minute 45 A.M.
21. I hereby certify that I attended the deceased from Feb. 1, 1935, 19__, to November 30, 1940 that I last saw her alive on November 30, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Endocarditis
Due to: Senility and Chronic interstitial nephritis
Due to:
Other conditions (Include pregnancy within 3 months of death): 0
Major findings: Of operations: —
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature: Geo P Keeve (M. D. or other) D.O.
Address: 123 Faraon Date signed 12-3-40

(Licensed Embalmer's Statement on Reverse Side)

ST. JOSEPH

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 Carl N. Hause

Licensed Embalmer No. 3955

P. O. Address St. Joseph, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.