

FILED OCT 16 1941

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 224

Primary Registration District No. 5305

Registrar's No. 11

1. PLACE OF DEATH:

(a) County Cooper.
 (b) City or town Rural, Prairie Home Township
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community All of life.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper 29
 (c) City or town Rural
(If outside city or town limits, write "RURAL")
 (d) Street No. Near Prairie Home, Mo.
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Martha Louise 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 William Potter. 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased January 30 1845
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>96</u>	<u>7</u>	<u>16</u>	_____ hr. _____ min.

9. Birthplace Cooper County, Missouri.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife.

11. Industry or business At Home.

12. Name Jesse George.

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

14. Maiden name Rachel McFarland.

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

16. (a) Informant Mrs. Smith.

(b) Address Prairie Home, Mo.

17. (a) Burial (b) Date thereof Sept. 7th/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Walnut Grove Cem.

18. (a) Signature of funeral director Goodman & Roller

(b) Address Boonville, Mo.

19. (a) 9-7-41 (b) G. S. Meredith
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 6th.
 year 1941 hour 1 minute 8. A.M.

21. I hereby certify that I attended the deceased from Sept 5
1941 to Sept 6 1941
 and that I last saw him alive on Sept 5 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Debility
and

Due to _____
 Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: 1628
 Of operations _____
 Of autopsy _____

Duration 3

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 A. L. Meredith
(Specify type of place) (e) Means of injury
 Address Prairie Home Date signed 7/7/41

RECEIVED
District Health Officer No. 8
District File Number 18-14-41
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, or by.....

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

Signed G. J. Bolles
Licensed Embalmer No. 3062
P. O. Address Boonville, Mo.

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

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