. No. 2
—1-4-41
5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 5 1942

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

24152

State File No.

Registration District No. 2-F-8-719 Primary Registration District No. 4-1-3-1 Registrar's No. 92.

1. PLACE OF DEATH:
(a) County Cooper
(b) City or town Rural- Blackwater Twp
(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 none (Specify whether
In this community 93 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Cooper
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. near Blackwater Mo
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME HARRIET-ANN-POTTER.
3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex Fem. 1
5. Color or race W.
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 deceased years
7. Birth date of deceased Oct- 18- 1848 (Month) (Day) (Year)

8. AGE: Years 93 Months 9 Days 10 If less than one day hr. min.

9. Birthplace Blackwater Mo (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business Same
FATHER
12. Name Nathaniel Allison
13. Birthplace unknown 9 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Ruth Goodrich
15. Birthplace unknown 9 (City, town, or county) (State or foreign country)
16. (a) Informant Rupert A Herm
(b) Address Blackwater Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 30-1942 (Month) (Day) (Year)
(c) Place: burial or cremation Blackwater Mo
18. (a) Signature of funeral director Hayo & Hunter
(b) Address Pilot Grove Mo
19. (a) July 29-42 (Date received local registrar) (b) Dr Chas Swap. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28 year 1942 hour 9 minute 30 A M.
21. I hereby certify that I attended the deceased from June 18 1942 to July 28 1942
that I last saw her alive on July 28 1942
and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Chronic Myocarditis Cerebral Hemorrhage | |
| Due to | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) 92 | |
| Major findings: Of operations | |
| Of autopsy | |

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 J. W. Hunt (M.D. or other) M.D.
Address Blackwater Mo Date signed 7-28-42

1088

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,

District File Number.....

Date Filed 8-4-42

**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 Myself

....., Registered Apprentice No.....

working under my personal supervision.

Signed Clayton E. Hayes

Licensed Embalmer No. 3074

P. O. Address Pilot Grove, M

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

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