

Registration District No. 132

Primary Registration District No. 3021

40
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH

(a) County Greene Co

(b) City or town Neutan
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
name
(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 never years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Greene Co 40

(c) City or town Neutan
(If outside city or town limits, write "RURAL.") 2

(d) Street No. 2006 Chestnut
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country no

3. (a) PRINT FULL NAME Bertha Potts

3. (b) If veteran, name war none

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 3rd
year 1942 hour 11 minute 2 A.M.

21. I hereby certify that I attended the deceased from June 1942 to Sept 3 1942
that I last saw her alive on Sept 2 1942
and that death occurred on the date and hour stated above.

4. Sex 7 / 1 5. Color or race w

6. (a) Single, widowed, married, divorced wid

6. (b) Name of husband or wife Ben Potts

6. (c) Age of husband or wife if alive (see) years

7. Birth date of deceased April 7 1885
(Month) (Day) (Year)

Immediate cause of death Myocardial Ischemia + Coronary Arteriosclerosis

Due to 6 mo

Due to

Other conditions (include pregnancy within 3 months of death) 92 lb

8. AGE: Years 61 Months 4 Days 27 If less than one day hr. min.

9. Birthplace Runcy Ill 1
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

Major findings: Of operations 92 lb

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business

12. Name Ben Potts? Wilson

13. Birthplace Don't know

14. Maiden name Ben Potts

15. Birthplace Don't know

16. (a) Informant Ben Potts

(b) Address Neutan mo

17. (a) Buried (b) Date thereof Sept 6-42
(Burial, cremation, or removal) (City or town) (County) (State) (Year)

(c) Place: burial or cremation Greenwood Funeral Home

18. (a) Signature of funeral director Yvonne

(b) Address Neutan mo

19. (a) Sept 5-42 (b) Nada Hoffman
(Date received local registrar) (Registrar's signature)

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 0

23. Signature [Signature] (M. D. no)
Address Neutan mo Date signed 9/7/42

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

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.