

S. No. 2
M-2-43
5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30908
4244

State File No. _____
Registrar's No. _____

Registration District No. 149

Primary Registration District No. 100

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Research Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital 4 Days (Specify whether
in this community 35 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. Snyderhof Hotel - 917 Oak Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country --

3. (a) PRINT FULL NAME Mrs. Mabel C. Wilson Potter
(b) If veteran, name war No
(c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month September day 18th
year 1943 hour 8 minute 35 P. M.

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Mr. Harry I. Potter
6. (c) Age of husband or wife if alive -- years
7. Birth date of deceased August 22 1886
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 1936 to 9-18 1943
that I last saw her alive on 9-18 1943
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
57 0 26 hr. min.
27

Immediate cause of death Cerebral hemorrhage.
Due to Hypertension - arteriosclerosis
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

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

10. Usual occupation Nurse

11. Industry or business _____
12. Name William H. Wilson
13. Birthplace Richmond Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Martha Impey
(City, town, or county) (State or foreign country)
15. Birthplace Off Coast of Ireland
(City, town, or county) (State or foreign country)

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. E. E. Pugh
(b) Address 5609 Kenwood
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof Sept. 21, 1943
(Month) (Day) (Year)
(c) Place: by cremation D. W. Newcomer's Sons

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) (Means of injury)

18. (a) Signature of funeral director D. W. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd.
19. (a) 9-21-43 (Date received local registrar) (b) D. E. Brown (Registrar's signature)

23. Signature D. E. Brown (M. D. or other) _____
Address 927 Prof Bldg Date signed 9/20/43

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

James Ferguson

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 *H. C. Newcomer Jr*
Licensed Embalmer No. *4043*
P. O. Address: *A. C. No.*

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.