

FILED MAR 18 1944
Registration District No. 999

Primary Registration District No. 1002

Registrar's No. 1139

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:
4337 HIGHLAND AVENUE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 19 yrs (Specify whether years, months or days)

3. (a) PRINT FULL NAME MR. NATHAN POTTS

3. (b) If veteran, name war No 3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife MRS 6. (c) Age of husband or wife if alive 29 years

7. Birth date of deceased DECEMBER 29 1860
(Month) (Day) (Year)

8. AGE: Years 83 Months 3 Days 10 If less than one day hr. min.

9. Birthplace WOODSFIELD OHIO
(City, town, or county) (State or foreign country)

10. Usual occupation RETIRED EMPLOYEE

11. Industry or business FRISCO R. R.

MOTHER FATHER { 12. Name UNKNOWN POTTS
13. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)

16. (a) Informant MRS ANNA I. JACKSON
(b) Address 4337 HIGHLAND AVENUE

17. (a) BURIAL (b) Date thereof MAR-13-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation OLATHE, KANSAS

18. (a) Signature of funeral director W. N. Newcomer's son

(b) Address 1401 BRUSH CREEK BLDG

19. (a) 3-11-44 (b) D. E. Brown
(Date received local registrar) (Registrar's Signature)

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. 4337 HIGHLAND AVENUE
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 9TH
year 1944 hour 7 minute 15 P. M.

21. I hereby certify that I attended the deceased from 1944 to 1944;
that I last saw h. Regina Coroner and that death occurred on the date and hour stated above.

Immediate cause of death Atherosclerotic heart

Due to Disease

Due to 930

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy Inspection

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? _____

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature A. E. Washer (M. D. or other) 23
Address 23 Mc Coy Date 3/10/44

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

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 K. C. Newcomer Jr

Licensed Embalmer No. 4043

P. O. Address K. C. Newcomer Jr

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.