

S. No. 2
DM-5-43
v. 5-17-39
I X36671

FILED APR 19 1944
Registration District No. 378

Primary Registration District No. 4426

Registrar's No. 92

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

14
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0

1. PLACE OF DEATH:
 (a) County Polk
 (b) City or town Fair Play.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution Life. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Polk
 (c) City or town Fair Play.
(If outside city or town limits, write "RURAL")
 (d) Street No. East Part of Fair Play.
(If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country None.

3. (a) PRINT FULL NAME John Edward Potts.
 (b) If veteran, name war None
 (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Mar. day 2, year 1944 hour 6 minute A. M.
 21. I hereby certify that I attended the deceased from Feb. 23, 1944, to Mar 1, 1944;
 that I last saw him alive on Mar 1, 1944;
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Helen Potts
 6. (c) Age of husband or wife if alive 71 years
 7. Birth date of deceased: Feb. 12, 1866.
(Month) (Day) (Year)

Immediate cause of death Gastric Hem.
 Due to Gastric Ulcer

8. AGE:	Years	Months	Days	If less than one day
	<u>78</u>	<u>0</u>	<u>19</u>	hr. min.

Due to with Diabetes Mellitus 7 yrs

9. Birthplace Polk County Missouri
(City, town, or county) (State or foreign country)
 10. Usual occupation Retired Farmer
 11. Industry or business Farming.

Other conditions 61
(Include pregnancy within 3 months of death)
 Major findings:
 Of operations _____
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name William Potts.
 13. Birthplace Tenn.
(City, town, or county) (State or foreign country)
 14. Maiden name Perry Ann Underwood
 15. Birthplace Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J. E. Potts.
 (b) Address Fair Play, Missouri.
 17. (a) Burial (b) Date thereof Mar. 4 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Brush Grove Cemetery

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? _____

18. (a) Signature of funeral director Erwin J. Blue
 (b) Address Bolivar, Missouri.
 19. (a) Erwin 13, 1944 (b) Erwin J. Blue
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
 (c) Means of injury 2
 23. Signature Dr. R. F. Wilson (M. D. or other) Dr.
 Address Fair Play, Mo. Date signed 2/3/44

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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

Richard H. Emmer

Licensed Embalmer No. **3092**

P. O. Address **Bolivar, Mo.**

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.