

FILED SEP 26 1944

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 208

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

1. PLACE OF DEATH:

(a) County Jefferson

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

(c) Name of hospital or institution: 225-W-Filmore
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether years, months or days) 60 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole

(c) City or town Jefferson City
(If outside city or town limits, write "RURAL")

(d) Street No. 225-W-Filmore
(If rural, give location)

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

3. (a) PRINT FULL NAME William Potter

3. (b) If veteran, name war..... 3. (c) Social Security No.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 17 year 1944 hour 9:15 minute P M.

4. Sex Male 5. Color Wh race Wh 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Bertha 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased July 3 1863
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct. 20 1942 to Sept 17 1944 that I last saw him alive on Sept. 17 and that death occurred on the date and hour stated above.

8. AGE: Years 81 Months 2 Days 14 If less than one day hr min.

Immediate cause of death Cerebral Hemorrhage

9. Birthplace Selesia Germany
(City, town, or county) (State or foreign country)

Due to Cardio-Renal disease

10. Usual occupation Salesman

Due to Hypertension

11. Industry or business Starks Nursery

Other conditions (Include pregnancy within 3 months of death)

12. Name Unknown

Major findings: 1210

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

Of operations

14. Maiden name Unknown

Of autopsy

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

PHYSICIAN

16. (a) Informant William Potter Jr.

22. If death was due to external causes, fill in the following:

(b) Address 225-W-Filmore

(a) Accident, suicide, or homicide (specify).....

17. (a) Burial (b) Date thereof Sept 21 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(b) Date of occurrence.....

(c) Place: burial or cremation Resurrection

(c) Where did injury occur?.....
(City or town) (County) (State)

18. (a) Signature of funeral director James Service

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place) (e) Means of injury

(b) Address 700 J. Hudson

23. Signature J. A. Oszman (M. D. or other) M.D.

19. (a) 9-20-44 (b) William Reicher
(Date received local registrar) (Registrar's signature)

Address Jefferson City, Mo Date signed 9/19/44

OCT 10 1944

RECEIVED

District Health Officer No. 3,

District File Number

Date Filed

9-25-44

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:

F. Anderson

Licensed Embalmer No.

3641

P. O. Address

Miss

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.