. S. No. 2
0M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 24303

FILED AUG 10 1945

Registration District No. 16

Primary Registration District No. 5611

Registrar's No.

1. PLACE OF DEATH:

(a) County Johnson

(b) City or town Rural PoastOak Tu. 0
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Rfd # 1 Leeton Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no (Specify whether
In this community 4 Monts
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson 51

(c) City or town Warrensburg Mo. 91
(If outside city or town limits, write "RURAL")

(d) Street No. 329 Christopher 2
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Alice Mae Potter

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female 1

5. Color or race White

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

6. (b) Name of husband or wife L.D. Potter

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

7. Birth date of deceased Mar (Month) 27 (Day) 1869 (Year)

8. AGE: Years 76 | Months 3 | Days 7 | If less than one day ___ hr. ___ min.

9. Birthplace Burlington (City, town, or county) Kansas 1 (State or foreign country)

10. Usual occupation House Wife

11. Industry or business Home

FATHER
12. Name D.C. Baldwin
13. Birthplace Imdiania (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name Nancy Metheny
15. Birthplace Penn (City, town, or county) 1 (State or foreign country)

16. (a) Informant Mrs Mary Boyd
(b) Address Leeton Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-26-45 (Month) (Day) (Year)
(c) Place: burial or cremation Holden, Mo.

18. (a) Signature of funeral director Sweeney Phillips
(b) Address Wammensburg Mo

19. (a) 7/28-45 (Date received local registrar) (b) Paul P. Bradley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24
year 1945 hour 11 minute 20 p M.

21. I hereby certify that I attended the deceased from Aug 8, 1944 to July 24, 1945;
that I last saw her alive on July 24, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma (Bi-lateral) Mammary Glands	4 yrs
Due to with generalized metastases	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 50
Of autopsy

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

23. Signature C. Johnson MD (M. D. or other)
Address Warrensburg Mo Date signed July 25 1945

1343 (Licensed Embalmer's Statement on Reverse Side)

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 J. Earl Priest.

Licensed Embalmer No. 3878

P. O. Address Warrensburg 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.