S. No. 2
M—5-43
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 11 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 42745

Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 176

1. PLACE OF DEATH:

(a) County Vernon

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

(c) Name of hospital or institution: State Hospital no 2

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 mo 3 days (Specify whether years, months or days)

In this community 6 mo 3 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Douglas

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

(d) Street No. (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME JAMES RICHARD POTTER

3. (b) If veteran, name war no

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased JULY-11 (Month) — (Day) 1860 (Year)

8. AGE: Years 85 Months 4 Days 23 If less than one day hr. min.

9. Birthplace Ava Mo (City, town, or county) (State or foreign country)

10. Usual occupation Not employed

11. Industry or business

MOTHER FATHER

12. Name Henry Potter

13. Birthplace not given (City, town, or country) (State or foreign country)

14. Maiden name not given

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

16. (a) Informant Hospital records

(b) Address Nevada, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-6-45 (Month) (Day) (Year)

(c) Place: burial or cremation Whitescreek

18. (a) Signature of funeral director Clinkingbeard Funeral Home

(b) Address Ava, Missouri

19. (a) Dec. 6-45 (Date received local registrar) (b) Kathryn H. Yancey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 4 year 1945 hour 10 minute 40 a M.

21. I hereby certify that I attended the deceased from May 31, 1945 to Dec 4, 1945 that I last saw him alive on Dec 3, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Senile dementia deteriative type — Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) Traumatic shock

Major findings: Accidental fracture r hip

Of operations

Of autopsy no

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) accidental

(b) Date of occurrence Nov 10 1945

(c) Where did injury occur? Hospital no 3 Nevada Mo (City or town) (County) (State)

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

While at work no (e) Means of injury fell out of bed

23. Signature D. R. Summers (M. D. or other)

Address Nevada, Mo. Date signed 12/5/45

1499

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

12-45-1297

Date Filed 1-9-46

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 W. B. Hutchison

Licensed Embalmer No. 3431

P. O. Address Oza 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.