

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

1. PLACE OF DEATH:

(a) County Jefferson - Central Hosp.

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

(c) Name of hospital or institution:  
1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether)

In this community 2 years 2 months  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson 57

(c) City or town Hillsboro 0  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_  
(If rural, give location) 0

(e) Citizen of foreign country? No. (Yes or No) 0

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Laura Potter

3. (b) If veteran, name war No. \_\_\_\_\_

3. (c) Social Security No. 0 e

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Thomas Potter

6. (c) Age of husband or wife if alive 81 years

7. Birth date of deceased Feb 4 1866  
(Month) (Day) (Year)

8. AGE: Years 80 Months 9 Days 1  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation At home

11. Industry or business Housewife

12. Name Jim Thomas

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

14. Maiden name Newman

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

16. (a) Informant Allen B. Potter, M. D.

(b) Address 32 Fair Oaks, St. Louis County, Mo.

17. (a) Burial (b) Date thereof 11/7/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clifton City, Mo.

18. (a) Signature of funeral director Walter J. ...

(b) Address Clayton Road at Concorcia Lane

19. (a) 11/20/1946 (b) Kathleen Marsden  
(Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 5  
year 1946 hour 8 minute - A.M.

21. I hereby certify that I attended the deceased from 11-5-46  
19\_\_\_\_, to 11/5/46 19\_\_\_\_  
that I last saw h. er alive on Nov. 5 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis Duration 5 months  
and myocardial degeneration  
not rheumatic

Due to Arteriosclerosis

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: 93D

Of operations \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature Thomas A. Donnell (M. D. 00000)  
Hillsboro, Mo. Date signed 11/5/46

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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.....

Licensed Embalmer No. ....

P. O. Address.....

**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.**