S. No. 2
—12-45
5-17-39
P I X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5020

FILED FEB 17 1947

Registration District No. 1479 Primary Registration District No. 1002 Registrar's No. 579

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: General Hospital No. 1 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days (Specify whether years, months or days)
In this community 27 yr

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City
(If outside city or town limits, write "RURAL") 3
(d) Street No. 3225 E. 6 St. 3
(If rural, give location)
(e) Citizen of foreign country? none (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Charles Potter
3. (b) If veteran, name war no.
3. (c) Social Security No. 510-05-2196
4. Sex M 0
5. Color or race W
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Beaue Potter
6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased July (Month) 3 (Day) 1892 (Year)
8. AGE: Years 54 Months 7 Days 2 If less than one day hr. min.
9. Birthplace Tel (City, town, or county) (State or foreign country) 1
10. Usual occupation Insulator
11. Industry or business Wilson Pkg Co
12. FATHER Name Geo. Potter
13. Birthplace No Record 9 (City, town, or county) (State or foreign country)
14. MOTHER Maiden name Martha Breed
15. Birthplace No Record 9 (City, town, or county) (State or foreign country)
16. (a) Informant Beaue Potter
(b) Address 3225-E-6 St
17. (a) Buried (Burial, cremation, or removal) (b) Date thereof Feb-4-1947 (Month) (Day) (Year)
(c) Place: burial or cremation Green Lawn
18. (a) Signature of funeral director Wm C. R. Forster
(b) Address 918 Brooklyn
19. (a) 2-7-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 5 year 1947 hour 7 minute 5 P. M.
21. I hereby certify that I attended the deceased from Feb. 2, 1947, to Feb. 5, 1947 that I last saw him alive on Feb. 5, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Lobar pneumonia
Subdural cerebral hemorrhage
Due to
Due to
Other conditions (Include pregnancy within 3 months of death) 108
Major findings: Of operations
Of autopsy See above

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 0
23. Signature Wm W. Hart (M. D. or other) MD
Address Med. Dir. Gen'l Hosp. Date signed 2-6-47

(Licensed Embalmer's Statement on Reverse Side)

Dr Keller
Dr Hicks

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 C. H. Wise

Licensed Embalmer No. 2570

P. O. Address KC 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.