

No. 2
-12-45
-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED IN APR 10 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5021
Registrar's No. 885

Registration District No. 149 Primary Registration District No. 1002

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:
Osteopathic Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 days
In this community 45 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Willie Dema Potter
3. (b) If veteran, name war No
3. (c) Social Security No. None

4. Sex Female / 5. Color or race White
6. (a) Single, widowed, married, divorced marrie
6. (b) Name of husband or wife John Potter
6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased July 3 1896
(Month) (Day) (Year)

8. AGE: Years 50 Months 7 Days 22
If less than one day hr. min.

9. Birthplace Blue Springs, Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife

11. Industry or business
12. Name W.F. Bridgès
13. Birthplace Unknown Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Cara Sue Ritter
15. Birthplace Unknown Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant John Potter
(b) Address 1212 N. Spring, Indep. Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2 27 47
(Month) (Day) (Year)
(c) Place: burial or cremation Lee Summit, Missouri
18. (a) Signature of funeral director George C. Carson
(b) Address Independence, Missouri
19. (a) 2-26-47 (Date received local registrar) A. Geraldine Holmes (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Independence
(If outside city or town limits, write "RURAL")
(d) Street No. 1212 North Spring
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month February day 25
year 1947 hour 7 minute 15 P. M.
21. I hereby certify that I attended the deceased from Jan 1942 to 2-25-47, 1947;
that I last saw her alive on 2-25-47, 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 4 days

Due to Disukes
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 61
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 2
23. Signature Jack Ganner (M. D. or other) DO
Address Indep Mo Date signed 2-26-47

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

MOTHER FATHER

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.....

William H. Schlanka, Registered Apprentice No. 439
working under my personal supervision.

Signed John Pasley
Licensed Embalmer No. 4308
P. O. Address Independence, 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.