S. No. 2
M—8-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 13 1947

Registration District No. 270

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 32135

Primary Registration District No. 5983

Registrar's No. 123

85
0
0

1. PLACE OF DEATH:

(a) County: Pulaski

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

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

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

In this community .....

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Pulaski 85

(c) City or town: Waynesville Mo 0
(If outside city or town limits, write "RURAL") 0

(d) Street No.: Route 1 0
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME: Denver Franklin Potts

3. (b) If veteran, name war: no

3. (c) Social Security No. 515-01-6418

4. Sex: M

5. Color or race: W

6. (a) Single, widowed, married, divorced: M

6. (b) Name of husband or wife: Althea Potts

6. (c) Age of husband or wife if alive: 45 years

7. Birth date of deceased: Mar (Month) 25 (Day) 1893 (Year)

8. AGE: Years 54 | Months 6 | Days 7 | If less than one day ..... hr. ..... min.

9. Birthplace: La Crosse (City, town, or county) Wis (State or foreign country)

10. Usual occupation: Plumber Contractor

11. Industry or business .....

MOTHER FATHER

12. Name: unknown

13. Birthplace: unknown (City, town, or county) 9 (State or foreign country)

14. Maiden name: unknown

15. Birthplace: unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant: Althea Potts

(b) Address: Waynesville Mo

17. (a) Buried (Burial, cremation, or removal) (b) Date thereof: 10/5/47 (Month) (Day) (Year)

(c) Place: burial or cremation: Oak Lawn

18. (a) Signature of funeral director: R. B. Teague

(b) Address: Richland Mo

19. (a) 10/8/47 (Date received local registrar) (b) Thelma C. Buckhope (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 2nd year 1947 hour 12 minute PM.

21. I hereby certify that I attended the deceased from 10-2-, 1947 to 10-2, 1947 that I last saw h. alive on 10-2-, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary occlusion	3 hr.
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations: NA	
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: C

23. Signature: C. Miller MD (M. D. or other)

Address: Waynesville Mo Date signed 10-7-47

(Licensed Embalmer's Statement on Reverse Side)

OCT 28 1908

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. 3196

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.