S. No. 2
M—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40965

FILED DEC 29 1947

Registration District No. 42 — Primary Registration District No. 1000 — Registrar's No. 1486

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

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Sisters Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 days (Specify whether
In this community 12 Days years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County andrew 2
(c) City or town Rea Mo (If outside city or town limits, write "RURAL") 0
(d) Street No. (If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Norris Joseph Potts
3. (b) If veteran, name war — —
3. (c) Social Security No. — —

4. Sex MALE
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Anna Fisher Potts
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Nov (Month) 29 (Day) 1866 (Year)

8. AGE: Years 81 Months 0 Days 21 If less than one day hr. min.

9. Birthplace Acton (City, town, or county) Iowa (State or foreign country)
10. Usual occupation Medical Doctor
11. Industry or business
FATHER
12. Name William Potts
13. Birthplace un Known (City, town, or county) Indiana (State or foreign country)
MOTHER
14. Maiden name Rachael Killion
15. Birthplace un Known (City, town, or county) (State or foreign country) 9
16. (a) Informant Fisher Potts
(b) Address Bolckow Mo
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 12-22-47 (Month) (Day) (Year)
(c) Place: burial or cremation Walnut Grove - NE Savannah, Mo
18. (a) Signature of funeral director E. C. Breit
(b) Address Savannah Mo
19. (a) 12-22-47 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature) 293

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 20 year 1947 hour 6 minute 10 P. M.

21. I hereby certify that I attended the deceased from December 8, 1947, to December 20, 1947 that I last saw him alive on December 20, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Thrombosis	Ukn.
Due to: Hypertension	Ukn.
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause of 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 Owen W. Strong (M. D. or other)
Address The Tootle Bldg. St. Joseph, Missouri Date signed 12-22-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 E. L. Breit

Licensed Embalmer No. 2650

P. O. Address Savannah 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.