

FILED MAR 27 1948
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: **Trinity Luthern Hospital** **0**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **3 Days**
In this community **3 Years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson** **43**
(c) City or town **Kansas City** **3**
(If outside city or town limits, write "RURAL") **8**
(d) Street No. **1309 Pennsylvania** **0**
(If rural, give location)
(e) Citizen of foreign country? **no.** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Nora May 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 **Widow**
6. (b) Name of husband or wife **Frank Noah Potter** 6. (c) Age of husband or wife if alive ***** years
7. Birth date of deceased **5 20 1880**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 **9** **27** hr. min.

9. Birthplace **Missouri** **0**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housework**

MOTHER FATHER { 11. Industry or business _____

12. Name **Tr. Noah Chambers** **4**
13. Birthplace **Germany**
(City, town, or county) (State or foreign country)
14. Maiden name **Polly May Chambers**
15. Birthplace **Missouri** **0**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Ruth Simpson**
(b) Address **1309 Pennsylvania**

17. (a) **Removal** (b) Date thereof **3-19-1948**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Carthage, Missouri**

18. (a) Signature of funeral director **Mrs. C. L. Forster**
(b) Address **Kansas City, Missouri**

19. (a) **3-18-48** (b) **Deraldine Holmes**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **17th.**
year **1948** hour **10** minute **32 P.** M.

21. I hereby certify that I attended the deceased from **3/11**
1946 to **3/17** **1948**;
that I last saw h. or alive on **3/17** **1948**;
and that death occurred on the date and hour stated above.

Immediate cause of death **Arteriosclerotic heart disease** Duration **3 years**

Due to _____

Due to _____

Other conditions **Diabetes Mellitus** **2 years**
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy **61**

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 **0**

23. Signature **R. R. Becker** (M. D. or other) **0**
Address **4000 Baltimore, N. C., Mo.** Date signed **3/18/48**

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

Dr. Richard R. Becker
4000 Baltimore
LO 6322

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.....

Jerry A. Minor

Licensed Embalmer No. *4496*

P. O. Address. *918 Brooklyn, K.C. 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.