

FILED DEC 21 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **41403**

BIRTH NO. _____		REG. DIST. NO. 146		PRIMARY REG. DIST. NO. 3026		Registrar's No. 385	
1. PLACE OF DEATH a. COUNTY Jackson b. CITY (If outside corporate limits, write RURAL and give town) Independence c. LENGTH OF STAY (in this place) 5 years d. FULL NAME OF HOSPITAL OR INSTITUTION Indep. Sanitarium.				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson c. CITY (If outside corporate limits, write RURAL and give township) Allen Road. Rt 2. Indep. d. STREET ADDRESS (If rural, give location) Allen Road. Rt. 2			
3. NAME OF DECEASED (Type or Print) a. (First) GEORGE b. (Middle) BENJAMIN c. (Last) ROTTER		4. DATE OF DEATH (Month) (Day) (Year) Dec. 18th, 1949					
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 15, 1890	9. AGE (In years last birthday) 59	10. MONTH (Day) (Hour) (Min.) 11 18		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stone Mason		10b. KIND OF BUSINESS OR INDUSTRY Stone Mason		11. BIRTHPLACE (State or foreign country) Kansas		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John W. Potter		13b. MOTHER'S MAIDEN NAME Mary Bradford.		14. NAME OF HUSBAND OR WIFE Charlotte M. Potter			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. 496-09-0689		17. INFORMANT'S SIGNATURE OR NAME ADDRESS George W. Potter Allen Rd Indep			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart Failure ANTECEDENT CAUSES Arteriosclerosis of Coronary Arteries arterial Hypertension Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Burien's Disease Diabetes Mellitus				INTERVAL BETWEEN ONSET AND DEATH 1 week years years 45	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Independence Jackson Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Dec 16, 1949 , to Dec 18, 1949 , that I last saw the deceased alive on 19 , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Chas. Grubbs M.D.				23b. ADDRESS Independence Mo.		23c. DATE SIGNED 12/19/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Dec. 20, 1949		24c. NAME OF CEMETERY OR CREMATORY Arcadia Cemetery		24d. LOCATION (City, town, or county) (State) Arcadia, Kansas.	
DATE REC'D BY LOCAL REG Dec. 19-1949		REGISTRAR'S SIGNATURE R. M. [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE L. W. [Signature]		ADDRESS Indep. Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

S. No. 300
V. 10.48

DEC 20 1949

AUG 11 1954

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Dixon L. Keady

Licensed Embalmer No. 4225

P. O. Address Indep. 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.