

FILED MAR 3 1950

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **4263**

BIRTH NO. _____		REG. DIST. NO. <b>72</b>		PRIMARY REG. DIST. NO. <b>3013</b>		Registrar's No. <b>15</b>	
1. PLACE OF DEATH a. COUNTY <b>Clay</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>			
b. CITY (If outside corporate limits, write RURAL and give town or township) <b>Town North Kansas City</b>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>		<b>3178</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>505 Armour Road</b>				d. STREET ADDRESS (If rural, give location) <b>2400 East Tenth St.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>VERACE</b> b. (Middle) <b>JELBY</b> c. (Last) <b>POTTER</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Feb 21 1950</b>				
5. SEX <b>Male 10</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Dec. 26 1895</b>		9. AGE (In years last birthday) (Months) (Days) (Hours) (Mins.) <b>55 1 26</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Operator</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Automatic Sprinkler</b>		11. BIRTHPLACE (State or foreign country) <b>Mississippi</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Aaron Frank Potter</b>			13b. MOTHER'S MAIDEN NAME <b>Callie Cooper</b>		14. NAME OF HUSBAND OR WIFE <b>Freda Potter</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes World War # 1</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs Freda Potter 2400 E. 10th K.C. Mo.</b>			
18. CAUSE OF DEATH (Enter only one cause per line (a), (b), and (c)) <i>This does not mean mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <b>Intestinal obstruction.</b>				INTERVAL BETWEEN ONSET AND DEATH <b>18 min</b>	
		II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.) <b>4201</b>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? <input type="checkbox"/> YES <input type="checkbox"/> NO	
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)			
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 <b>2-21 1950</b> , to <b>2-21 1950</b> , that I last saw the deceased live on <b>2-21 1950</b> and that death occurred at <b>11:50 a.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Melvin Long</b> (Degree or title)				23b. ADDRESS <b>M.D. No Kansas City 16 Mo</b>		23c. DATE SIGNED <b>2-21-50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Feb. 24 1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Forest Hill Pantheon</b>		24d. LOCATION (City, town, or county) (State) <b>Kansas City. Missouri</b>		
DATE REC'D BY LOCAL REG. <b>Feb 23 - 1950</b>		REGISTRAR'S SIGNATURE <b>Beulah Kitcher</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Mrs C.L. Forster Kansas City, Missouri</b>			

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

0241  
3

RECEIVED FEB 25  
District Health Officer No. 8.

MAR 11 1950

District File No. \_\_\_\_\_  
Date Filed 3-1-50

MAR 17 1950  
MAR 27 1950  
OCT 1 1954  
MAR 28 1950

MAR 14 1950

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 Dean Owens

Licensed Embalmer No. 4280

P. O. Address 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.

THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State of Missouri }  
County of Jackson } ss.

State File No. 4263  
Local Registrar's No. ....

**AFFIDAVIT FOR CORRECTION OF A RECORD**

On this 28th day of February 1950, ~~xxx~~, before me appears.....

Mrs. Freada Potter, who, upon her oath, states that the original record of ~~xxx~~ death  
for Mr. Verace Selby Potter ~~xxxx~~ Death February 21st, 1950, in the State of

Missouri, and which was filed at North Kansas City Mo. on Feb. 23rd, 1950, should be corrected as follows:

Item No. 8 should read Date of Birth December 26th 1894

Instead of December 26th 1893

Item No. .... should read.....

Instead of.....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Mrs. Freada Potter wife  
Relationship.

2400 E. 10th St

Present Address.

Kansas City, Mo.

Subscribed and sworn to before me this 28th day of February, 1950

My Commission expires September 12-1951 Leon T. Wahl Notary Public.

Affidavits containing erasures will not be accepted. draw one line through error and write above it.