

REC'D OCT 19 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

31932

Do not use this space.

## 1. PLACE OF DEATH

(a) County Cass Registration District No. 156  
(b) Township Grand River Primary Registration District No. 5219  
(c) City Harrisonville (d) Street No. \_\_\_\_\_ St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred 11 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 592. PRINT FULL NAME Mrs Olive Sarah Potter 360

(a) Residence, No. R.R. 2 Harrisonville St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

3. SEX Fe 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 14 1938

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF N.T. Potter

22. I HEREBY CERTIFY, That I attended deceased from 9-14-38 to 9-14-38, 1938

I last saw him alive on 9-14-38, 1938 Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 22 1861

to have occurred on the date stated above, at 11:00 am.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
76 11 22

The principal cause of death and related causes of importance were as follows:

Chronic Intestinal Neoplasia Date of onset

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
9. Industry or business in which work was done, as saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

Other contributory causes of importance:  
Internal Neoplasia

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Quincy Ill.FATHER 13. NAME De Moss14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Adams City IllinoisMOTHER 15. MAIDEN NAME Margaret Lammon16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Adams County Illinois17. INFORMANT (ADDRESS) N.T. Potter R.R. 2 Harrisonville18. BURIAL, CREMATION, OR REMOVAL PLACE Mem Park DATE Sept 16 193819. FUNERAL DIRECTOR (NAME) (ADDRESS) D.W. Newcomer's Son 1401 Brush Creek Concord20. FILED 9/15 1938 J. W. Dousler Local Registrar

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 1938

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

Also, specify \_\_\_\_\_

(Signed) David J. Long M. D.(Address) Harrisonville Mo

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,

*George M. Collier*

, or by

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed

*George M. Collier*

Licensee Embalmer No.

3839

P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.