

REC'D JAN 20 1939

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

44605
Do not use this space.

1. PLACE OF DEATH
 (a) County Schuyler Registration District No. 805
 (b) Township Liberty Primary Registration District No. 4484
 (c) City Lancaster (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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Miss Mary Potter
 (a) Residence, No. _____ 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 female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dr. B. B. Potter

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 26, 1847

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
91 9 21

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____

9. Industry or business in which work was done, as saw mill, bank, etc. housewife

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) near Canton Ohio

FATHER
 13. NAME James H. May
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not knowing

MOTHER
 15. MAIDEN NAME Susan Walker
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not knowing

17. INFORMANT (NAME) Miss Minnie Potter
 (ADDRESS) Lancaster Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE 2007 Lancaster DATE Dec 19 1938

19. FUNERAL DIRECTOR (NAME) Morehead's
 (ADDRESS) Lancaster Mo.

20. FILED 12, 21 1938 Byrdie H. Drake
 Local Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 17, 1938

22. I HEREBY CERTIFY, That I attended deceased from Mar 10 1935 to Dec 17 1938
 I last saw her alive on Dec 15 1938. Death is said to have occurred on the date stated above, at 10 45 m.
 The principal cause of death and related causes of importance were as follows:
Angina Pectoris

Date of onset Mar 10 1938

Other contributory causes of importance: _____

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 _____, 19____
 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? No
 If so, specify _____ (Signed) J. H. Keller M. D.
 (Address) Lancaster Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 10

District File Number 10-3871046

Date Filed 11-2-39

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,

Minnie Morehead

or by

Registered Apprentice No. _____, working under my personal supervision.

Signed

Minnie Morehead

Licensed Embalmer No.

3680

P. O. Address

Lawson M

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, above space should be left blank.