

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

2084  
 Do not use this space.

RECD FEB 21 1939

**1. PLACE OF DEATH**

(a) County COOPER Registration District No. 218  
 (b) Township ..... Primary Registration District No. 3013 Registered No. 7  
 (c) City BOONVILLE (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** Mrs. LOUISE BARBARA POTTER

(a) Residence, No. 220 FIRST ST. 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**

3. SEX FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF JOHN H. POTTER

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MARCH 1 - 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
79 10 19

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) JULY 1938 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) BOONVILLE (STATE OR COUNTRY) MISSOURI

13. NAME ANTON HACK

14. BIRTHPLACE (CITY OR TOWN) GERMANY (STATE OR COUNTRY)

15. MAIDEN NAME WILHELMINA GUYER

16. BIRTHPLACE (CITY OR TOWN) GERMANY (STATE OR COUNTRY)

17. INFORMANT Mrs. BESSIE KYLE (ADDRESS) SPRINGFIELD, MO.

18. BURIAL, CREMATION, OR REMOVAL PLACE WALNUT GROVE CEM. DATE JAN. 23 1939

19. FUNERAL DIRECTOR (NAME) STEGNER & KOENIG (ADDRESS) BOONVILLE MO.

20. FILED Jan 21, 1939 DeHoyner Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JANUARY 20 1939

22. I HEREBY CERTIFY, That I attended deceased from April 7 1937, to January 20 1939  
 I last saw her alive on January 20 1939. Death is said to have occurred on the date stated above, at 11:50 P.M.  
 The principal cause of death and related causes of importance were as follows:

Broncho. Pneumonia

Date of onset

Other contributory causes of importance:

Cerebral Hemorrhage  
Chronic Nephritis

Name of operation..... Date of.....

What test confirmed diagnosis? CLINICAL Was there an autopsy? No

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) W.H. Giesler M. D.

1939 (Address) Boonville Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state 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. 8,  
John E. Case Number  
6/6/39

**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, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed *James W. Stegner*  
Licensed Embalmer No. *37080*  
P. O. Address *Boonville, 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, above space should be left blank.**