

STANDARD CERTIFICATE OF DEATH

State File No. 6467

FILED MAR 7 - 1940
272

Registration District No. 272

Primary Registration District No. 5284

Registrar's No. 9

34

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

1. PLACE OF DEATH:

(a) County Douglas

(b) *City or town Ava, Mo. *Rural* Boon
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days)

3. (a) PRINT FULL NAME 360
Amanda Potter

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife P. M. Potter

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan. 20 1865
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	75	0	13	hr. _____ min.

9. Birthplace Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name S. Ritter

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Fannie Likity

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Dora Harris

(b) Address R. Ava, Missouri

17. (a) Burial (b) Date thereof 2 - 4 - 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Whites Creek

18. (a) Signature of funeral director Friends

(b) Address _____

19. (a) 2-24 1940 Henry Burke
(Date received local registry) (Registrar's initials)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Douglas

(c) City or town Ava, Mo. Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Route
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 3
year 1940 hour 10 minute 50 P.M.

21. I hereby certify that I attended the deceased from Jan. 29
1940 to Feb 2, 1940;
that I last saw him alive on Feb 2, 1940,
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia

Due to _____

Due to _____

Other conditions 108
(Include pregnancy within 3 months of death)

PHYSICIAN _____

Major findings: _____

Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

(c) Means of injury _____

24. Signature J. J. Gentry (M. D. or other) 3
Ava Mo
Address _____ Date signed _____

S. J. L. Sentry

RECEIVED

District Health Officer No. 6,

District File Number 340-638

Date Filed MAR 5 1940

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.....

Licensed Embalmer No.....

P. O. Address.....

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.