

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

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.

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH  
1002

17371

State File No. \_\_\_\_\_

399

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registrar's No. **1808**

1. PLACE OF DEATH:  
(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
K.C. General Hospital No. 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 9 days  
(Specify whether \_\_\_\_\_)  
In this community Unknown  
years, months or days)

3. (a) PRINT FULL NAME ROY POTTER **360**  
3. (b) If veteran, name war No  
3. (c) Social Security No. None

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Unknown  
6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Unknown  
(Month) (Day) (Year)

8. AGE: Years 47 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day hr. \_\_\_\_\_ min.

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

10. Usual occupation Street troubadour

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name Unknown  
13. Birthplace Unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Record Clerk  
(b) Address K.C. General Hospital, K.C. Mo.

17. (a) Removal Webb City Date thereof 5-5-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Webb City, Mo.

18. (a) Signature of funeral director Webb City Funeral Home  
(b) Address Webb City, Mo.

19. (a) May 6, 1940 (b) M. M. Browe  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1423 Central  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4th  
year 1940 hour 8 minute 15 P. M.

21. I hereby certify that I attended the deceased from 4-25-40, 19\_\_\_\_, to 5-4-40, 19\_\_\_\_;  
that I last saw him alive on 5-4-40, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Toxic myocarditis

Due to \_\_\_\_\_ **930**  
Due to \_\_\_\_\_

Other conditions Acute pulmonary edema and congestion  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy See above

Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
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)  
(e) Means of injury \_\_\_\_\_

23. Signature R. F. De Maria M.D. (M. D. or other) \_\_\_\_\_  
Address Supt. K.C. Gen. Hospital, K.C. Mo. Date signed \_\_\_\_\_

SEP 16 1948

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**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.**