

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
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

17808
Do not use this space.

1. PLACE OF DEATH
(a) County BARRY Registration District No. 305
(b) Township PLEASANT RIVER Primary Registration District No. 5043
(c) City _____ (d) Street No. _____
(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.
(If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME Joseph Potter
(a) Residence, No. BARRY 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Alice Griffith Potter (deceased)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 17-1866

7. AGE YEARS 73 MONTHS 8 DAYS 27 If LESS than 1 day, _____ hrs. or _____ min.

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

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 _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Barry County Mo.

FATHER 13. NAME Dont Know 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

MOTHER 15. MAIDEN NAME Dont Know 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

17. INFORMANT Mrs. Elsie Galton (ADDRESS) R.F.D. 1 Verona Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Spring River Cem. DATE May 15 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Callaways 34 Monett Mo

20. FILED May 14 1940 Mrs. J. E. Permele Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 14 1940

22. I HEREBY CERTIFY, That I attended deceased from Sept 7 1939 to May 14 1940
I last saw him alive on May 13 1940 Death is said to have occurred on the date stated above, at 2:10 PM.
The principal cause of death and related causes of importance were as follows:
Mysocarditis Chronic
Chronic Bronchitis
Other contributory causes of importance: _____
Name of operation _____ Date of _____
What test confirmed diagnosis? Phys 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. D. Baldwin M. D.
Curly New
(Address) _____

RECEIVED

District Health Officer No. 6,

District File Number 640-1359

Date Filed ON 10 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,

J. D. Buchanan

....., or by

Registered Apprentice No., working under my personal supervision.

Signed *J. D. Buchanan*

Licensed Embalmer No. 3179

P. O. Address Monett 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.