

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.

Registration District No. 218

Primary Registration District No. 3015

Registrar's No. 75

1. PLACE OF DEATH:  
 (a) County COOPER  
 (b) City or town BOONVILLE  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
ST. JOSEPH'S HOSPITAL  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 5 days  
 (Specify whether  
 In this community LIFE  
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State MISSOURI (b) County COOPER  
 (c) City or town BOONVILLE  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 220 1st STREET  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME WILLIAM JOHN POTTER 360  
 8. (b) If veteran, name war NONE 3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race WHITE  
 6. (a) Single, widowed, married, divorced MARRIED  
 6. (b) Name of husband or wife LOUISE POTTER  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased APRIL 13 1883  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
57 3 14 hr. \_\_\_\_\_ min.

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

10. Usual occupation OWNER & OPERATOR TRANSFER CO.

11. Industry or business TRANSFER BUSINESS

MOTHER FATHER { 12. Name JOHN W. POTTER  
 13. Birthplace COOPER COUNTY MISSOURI  
 (City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name LOUISE D. BACK  
 15. Birthplace BOONVILLE MISSOURI  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Louise Potter  
 (b) Address Boonville - Mo

17. (a) MOBERLY, MO. (b) Date thereof JULY 30-1940  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation St. MARY'S CEMETERY

18. (a) Signature of funeral director STEGNER & KOENIG  
 (b) Address BOONVILLE, MO.

19. (a) 7-29-40 (b) [Signature]  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month JULY day 27  
 year 1940 hour 1:50 minute \_\_\_\_\_ A. M.

21. I hereby certify that I attended the deceased from  
May 3, 1940 to July 27, 1940  
 that I last saw him alive on July 27, 1940  
 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
<u>Uremia</u>	<u>7 days</u>
Due to <u>Pyelonephritis, bilateral</u>	<u>16 yrs</u>
<u>with renal calculi, bilobed</u>	<u>7</u>
Due to <u>Cystitis</u>	<u>16 yrs</u>
Other conditions _____	
(Include pregnancy within 3 months of death)	

Major findings: Unilateral calculus, left  
 Of operations \_\_\_\_\_  
 Of autopsy None performed

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) (a) Means of injury \_\_\_\_\_  
 23. Signature [Signature] (M. D. or other) MD  
 Address Boonville, Mo Date signed 7/29/40

RECEIVED  
District Health Officer No. 8  
District File Number  
Date Filed 8-8-40

**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. *3780*

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.**