S. No. 2
—11-10-39
. 5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 10 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32288

Registration District No. 411 Primary Registration District No. 2002 Registrar's No.

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

19
7
5

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 311½ Main
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 (Specify whether
In this community 15 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town Joplin. Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 311½ Main St
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Willis E. Pottorff
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lillie B
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb (Month) 18 (Day) 1872 (Year)

8. AGE: Years 68 Months 7 Days 9 If less than one day hr. min.

9. Birthplace Indiana (City, town, or county) (State or foreign country)
10. Usual occupation Custodian
11. Industry or business Public Schools
FATHER
12. Name Ninevah A. Pottorff
13. Birthplace Ind (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Sarah J. Pitman
15. Birthplace Ind (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Lillie B. Pottorff
(b) Address 311½ Main Joplin
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-29-40 (Month) (Day) (Year)
(c) Place: burial or cremation Pierce City Mo.
18. (a) Signature of funeral director Thornhill-Dillon
(b) Address 4th & Wall
19. (a) 9-28-40 (Date received local registrar) (b) Ed D. Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 26
year 1940 hour 7 minute 50 P M.
21. I hereby certify that I attended the deceased from April 13, 1940, to Sept. 26, 1940
that I last saw him alive on Sept 26, 1940
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardiac failure	
Due to Prostitis senility	
Due to nephritis, chr. arthritis	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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?
372 (Specify type of place)
While at work? (e) Means of injury 3
23. Signature Dawson Derfelt (Name or other) D.O.
Address 2014 Joplin St. Date signed 9-27-40

(Licensed Embalmer's Statement on Reverse Side)

46-10-475

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 Don Petrick

Licensed Embalmer No. 4008

P. O. Address Joplin 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.