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7-39
K21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

36083

State File No. 25

NOV 21 1940

Registration District No. _____

Primary Registration District No. 4423

Registrar's No. 702

1. PLACE OF DEATH:

(a) County Polk
(b) City or town Fair Play
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location) 20
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community Life
years, months or days)

3. (a) PRINT FULL NAME Josie Potts

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 widowed
6. (b) Name of husband or wife Monroe Potts 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan. 14 1860
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 8 21 hr. _____ min.

9. Birthplace Fair Play, Polk Co., Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation house keeper

11. Industry or business _____

MOTHER { 12. Name James Hopkins
FATHER { 13. Birthplace Tenn.
(City, town, or county) (State or foreign country)
14. Maiden name Jane Guinn
15. Birthplace Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant Rosa Potts
(b) Address Fair Play, Mo.

17. (a) Burial (b) Date thereof Oct 6-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Barren Creek

18. (a) Signature of funeral director Barber & Erwin
(b) Address Fair Play, Mo.

19. (a) Nov 14 '40 (b) L. H. Vincent
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Polk
(c) City or town Fair Play MO
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct 6 day _____
year 1940 hour _____ minute 5 P M.

21. I hereby certify that I attended the deceased from Oct. 4 1940 to Oct 5 1940
that I last saw PR alive on Oct 1 1940
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____
Hemiplegia (Left) 6 days

Due to Cerebral hemorrhage

Due to Arterio sclerosis

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

Major findings:
Of operations No operation

Of autopsy None

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 Chas H. Thruer (M. D. or other) _____
Address Fair Play MO Date signed Oct 6

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



Handwritten signature or initials, possibly 'J. A. L. L.'

RECEIVED
District Health Officer No. 7,
District File Number 11-40-1367
Date Filed 11-6-40

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 _____

Personally, Registered Apprentice No. _____
working under my personal supervision.

Signed William B. Ewin

Licensed Embalmer No. 3092

P. O. Address Palmer, 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.