

No. 2
4-13-40
5-17-39
I X23159

Registration District No. **821**

Primary Registration District No. **4553**

Registrar's No. _____

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

1. PLACE OF DEATH:
 (a) County **Scott**
 (b) City or town **Sikeston**
(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)
 (d) Length of stay: In hospital or institution: _____
(Specify whether in this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Scott**
 (c) City or town **Sikeston**
(If outside city or town limits, write "RURAL")
 (d) Street No. **112 N. Scott St.**
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? **L** **11** years.

3. (a) PRINT FULLNAME **Bertha Potts**
 3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **January** day **13**
 year **1941** hour **12** minute **30** P.: M.

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife **Guy Potts** 6. (c) Age of husband or wife **53** years
 7. Birth date of deceased: **April 2 1893**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Jan. 13**, 19**41** to **Jan. 13**, 19**41**;
 that I last saw her alive on **Jan. 13**, 19**41** and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	47	9	11	hr. _____ min. _____

Immediate cause of death **Cerebral thrombosis**
 Due to **Vascular Hypertension 10 yrs**
 Due to _____

9. Birthplace **Henderson, Ky.**
(City, town, or county) (State or foreign country)

Other conditions (include pregnancy within 3 months of death) _____

10. Usual occupation **Housewife**
 11. Industry or business _____
 12. Name **Noah Daniels**
 13. Birthplace **Henderson, Ky.**
(City, town, or county) (State or foreign country)
 14. Maiden name **Adrie Barton**
 15. Birthplace **Henderson, Ky.**
(City, town, or county) (State or foreign country)

Major findings: **13 W**
 Of operations _____
 Of autopsy _____

16. (a) Informant **Russell Potts**
 (b) Address **Bertrand, Mo.**
 17. (a) **Burial** (b) Date thereof **1-14-41**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Sikeston, Mo.**

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?
742 _____
(Specify type of place) (e) Means of injury

18. (a) Signature of funeral director **[Signature]**
 (b) Address **Sikeston, Mo.**
2-3-1941 (c) **[Signature]**
(Date received local registrar) (Registrar's signature)

23. Signature **James C. M. Clever** (M. D. or other) **11**
 Address **Sikeston, Mo.** Date signed **1-16-41**

RECEIVED

District Health Officer No. 2,

District File Number 241-234

Date Filed 2/11/41

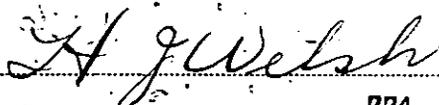
STATEMENT BY LICENSED EMBALMER

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. 774

P. O. Address Sikeston, 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, fact should be so stated above.