

Registration District No. **431**

Primary Registration District No. **30-23-93.3**

Registrar's No. **91**

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

1. PLACE OF DEATH:
 (a) County Johnson
 (b) City or town Warrensburg
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community 18 yrs (Specify whether years, months or days) _____

3. (a) PRINT FULL NAME Lucius Don Potter
 3. (b) If veteran, name war no
 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 Alice May Potter
 6. (c) Age of husband or wife if alive 71 years
 7. Birth date of deceased Feb - 9 - 1872
(Month) (Day) (Year)

8. AGE:
 Years 69 Months 5 Days 12
 If less than one day _____ hr. _____ min.

9. Birthplace Holden Mo
(City, town or county) (State or foreign country)

10. Usual occupation Retired Rural Mailcarrier

11. Industry or business _____

MOTHER: FATHER:
 12. Name Joseph Potter
 13. Birthplace Ill
 14. Maiden name Euphrasia Turner
 15. Birthplace Bellville Ill
(City, town or county) (State or foreign country)

16. (a) Informant Mrs. Lucius D. Potter
 (b) Address Warrensburg - Mo

17. (a) Burial (b) Date thereof July 23-1941
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Holden Mo

18. (a) Signature of funeral director Sweeney Shelly
 (b) Address Warrensburg Mo

19. (a) July 23-1941 (b) Bertie Bentley
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Johnson
 (c) City or town Warrensburg
(If outside city or town limits, write "RURAL")
 (d) Street No. 329 Christopher Ave
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21
 year 1941 hour 12 minute A.M.

21. I hereby certify that I attended the deceased from Sept 1 1940, to July 21 1941;
 that I last saw him alive on July 21 1941;
 and that death occurred on the date and hour stated above.

Immediate cause of death Central Aneurysm (LCA)
 Due to hypertensive - cardio-vascular disease
 Due to _____

Other conditions (Include pregnancy within 3 months of death) 92H

Major findings: Of operations _____
 Of autopsy _____

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?
(Specify type of place)
 While at work? _____ (e) Means of injury _____

23. Signature E.S. Johnson M.D. (M. D. or other) D
 Address Warrensburg Date signed July 22, 1941

Duration 1 wk
5 yrs
PHYSICIAN
 Underline the cause to which death should be charged statistically.

RECEIVED
District Health Officer No. 8,
District File Number
8-4-41
the Filed

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.....

Carl Priest

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....
Carl Priest

Licensed Embalmer No. *3878*

P. O. Address *Warrensburg Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.