

FILLED NOV 14 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 34336

Registration District No. 85

Primary Registration District No. 1001

Registrar's No. 1034

1. PLACE OF DEATH:

(a) County Buchanan Mo.
(b) City or town St. Joseph Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 912 West Hyde Park
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 1/2 yrs. (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town Saint Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 912 West Hyde Park
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MARY ELIZABETH POTTER

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Thomas H. Potter 6. (c) Age of husband or wife if alive Deceased years

7. Birth date of deceased. May 28 1864
(Month) (Day) (Year)

8. AGE: Years 77 Months 5 Days 1 If less than one day hr. min.

9. Birthplace Farmland / Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Levi Bond

13. Birthplace England
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth F. Gessner

15. Birthplace England
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lena Murphy

(b) Address 912 West Hyde Park

17. (a) Burial (b) Date thereof 10-31-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Hubert

18. (a) Signature of funeral director. Thomas H. Bond

(b) Address 1946 Calhoun St. Joe. Mo.

19. (a) 10/31-41 (b) [Signature]
(Date received local registrar) (Registrar's signature)

8-2 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 29th day October
year 1941 hour 11 minute AM

21. I hereby certify that I attended the deceased from on Oct 30 1941, to _____ 19____;
that I last saw him/her on _____ 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death

Coronary Thrombosis Duration 1 day
Due to Angine Pectoris 3 weeks
Due to 9/4

Other conditions (Include pregnancy within 3 months of death)

Woman died suddenly at her home following some minor attacks of shortness of breath and indigestion for the past 3 weeks. 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 H. F. Murphy (M. D. or other) Coroner
Address 404 So. 3d Date signed 10/29/41

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

MOTHER FATHER

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.....

10-29-41

....., Registered Apprentice No.

working under my personal supervision.

Signed Geo E Daniel

Licensed Embalmer No. 3300

P. O. Address St Joseph MI

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.