

Usual residence same as No. 1.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

34793
Do not use this space.

FILED NOV 10 1941

1. PLACE OF DEATH

(a) County Douglas Registration District No. 272
(b) Township Benton Primary Registration District No. 5879
(c) City Ava (d) Street No. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME John Franklin Potter

(a) Residence, No. Ava St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ottie Potter
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 1, 1866
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 75 4 20
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Prarie Creek Missouri

13. NAME John John Potter

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Mary Taber

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Ottie Potter Ava Potter Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Ava DATE 10-23-41

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Clinkingbeard Funeral home, Ava, Missouri

20. FILED 10-25 1941 Gess H. White Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 21, 1941

22. I HEREBY CERTIFY, That I attended deceased from Oct 12, 1941 to only, 1941. I last saw him alive on Oct 12, 1941. Death is said to have occurred on the date stated above, at 7:30P.m.

The principal cause of death and related causes of importance were as follows:
disease of heart - w/ mitral stenosis

Date of onset

Other contributory causes of importance: 928

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____ (Signed) J. J. Kinney, M. D.
(Address) Ava Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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W. J. L. Gentry

RECEIVED

District Health Officer No. 6,

District File Number 1171-1647

Date Filed NOV 3 1941

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 *W. B. Hutcherson*

Licensed Embalmer No. 3431

P. O. Address

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.