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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
JAN 24 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

41176

State File No.

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 4857

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 Days - (Specify whether
In this community 10 Days - 0
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 108
(a) State Missouri (b) County Vernon 0
(c) City or town Richard 0
(If outside city or town limits, write "RURAL")
(d) Street No. Richard, Mo.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ✓ 1 years.

3. (a) PRINT FULL NAME Fred Ted Potter
3. (b) If veteran, name war No -
3. (c) Social Security No. 702-12-2582
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Sarah Lavon Potter
6. (c) Age of husband or wife if alive 32 years
7. Birth date of deceased Sept. (Month) 28 (Day) 1899 (Year)

8. AGE: Years 42 Months 3 Days If less than one day hr. min.

9. Birthplace Pleasaston (City, town, or county) Kansas! (State or foreign country)
10. Usual occupation Section laborer
11. Industry or business " "
MOTHER FATHER
12. Name Harry Potter,
13. Birthplace Petersburg, (City, town, or county) Ill. 1 (State or foreign country)
14. Maiden name Nancy Kirby
15. Birthplace Prescott (City, town, or county) Kans. 1 (State or foreign country)
16. (a) Informant Sarah Lavon Potter
(b) Address Richards, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dkt Known (Month) (Day) (Year)
(c) Place: burial or cremation Wall Cemetery = Richard, Mo.
18. (a) Signature of funeral director Ramsey Funeral Home
(b) Address Mission, Kansas.
19. (a) Dec 29, 1941 (Date received local registrar) (b) M. M. Crown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 28 year 1941 hour 12 10 minute a
21. I hereby certify that I attended the deceased from Dec 18, 1941, to 12-28, 1941; that I last saw him alive on Dec 27, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Shock
Post operative (multiple stones) Rt Kidney abscess
Due to Kidney, Perinephritic abscess. (operation 12-23-41)
Due to
Other conditions 134a
(Include pregnancy within 3 months of death)

Major findings: Of operation Perinephritic abscess abscess Kidney multiple stones Rt Kidney (Right)
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: No
(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 W. O. Mellin (M. D. or other) 0
Address 800 Argyle Date signed 12-28-41

(Licensed Embalmer's Statement on Reverse Side)

FEB 3 1942

FEB 4 1942

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. 4165

P. O. Address Missouri Kansas

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.