

FILED MAY 9 1942

Registration District No.

Primary Registration District No. 3011

Registrar's No. 69

1. PLACE OF DEATH:

(a) County: Clay
(b) City or town: Excelsior Springs Mo.
(c) Name of hospital or institution: City Jail 3
(d) Length of stay: In hospital or institution: 26 yrs.
In this community: 26 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Clay 24
(c) City or town: Excelsior Springs Mo
(d) Street No.
(e) Citizen of foreign country? Mo. (Yes or No)

3. (a) PRINT FULL NAME: EARL JAMES POTTER

3. (b) If veteran, name war: No
3. (c) Social Security No. 497-14-0257

4. Sex: Male
5. Color or race: white
6. (a) Single, widowed, married, divorced, single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive: 23 1916
7. Birth date of deceased: Feb 23 1916

8. AGE: Years 26 Months 1 Days 13
If less than one day: hr. min.

9. Birthplace: Excelsior Springs Mo
Usual occupation: Common Labor

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11. Industry or business:

12. Name: Burton J Potter
13. Birthplace: Ray Mo
14. Maiden name: Dora Cunningham
15. Birthplace: Ireland

16. (a) Informant: Burton J Potter
(b) Address: Excelsior Springs Mo

17. (a) Burial, cremation, or removal: Burial
(b) Date thereof: 4/9/42
(c) Place: burial or cremation: Crown Hill

18. (a) Signature of funeral director: Robert Hope
(b) Address: Excelsior Springs Mo
(c) Date received local registrar: 4-18-42

19. (a) Registrar's signature: Miss Sarah Reilman
(b) Address: Excelsior Springs Mo
(c) Date signed: 4-8-42

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: April day: 6 year: 1942 hour: 12:30 minute: P.M.

21. I hereby certify that I attended the deceased from 19... 19...
that I last saw h... and that death occurred on the date and hour stated above.

Immediate cause of death: Suicide By hanging self.

Due to: ...
Due to: ...
Other conditions: ...
Major findings: ...
Of operations: ...
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:
(a) Accident, suicide, or homicide (specify): Suicide, By hanging
(b) Date of occurrence: Found April 6-2:30 PM 1942
(c) Where did injury occur: City Jail, Excelsior Springs Mo, Clay Co.
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
City Jail, Excelsior Springs Mo.
While at work? (Specify type of place) (e) Means of injury: ...
23. Signature: R.W. Prather Coroner
Address: Excelsior Springs Mo Date signed: 4-8-42

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

34
1
1

29

1106

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 5-7-42

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 Scott W. Hochensmith

Licensed Embalmer No. 3597

P. O. Address Excelsior Springs

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.