

FILED MAY 11 1942

Registration District No. 318

Primary Registration District No. 5441

Registrar's No.

1. PLACE OF DEATH:

(a) County GREENE
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Brookline, Missouri
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community 74 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
(c) City or town Brookline
(If outside city or town limits, write "RURAL")
(d) Street No.....
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME

John Potter

3. (b) If veteran, name war

Unknown

3. (c) Social Security No.

Unknown

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs. Jane Potter

6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased November 24, 1867
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>2</u>	<u>24</u>hr.min.

9. Birthplace Greene County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Railway Agent

11. Industry or business Railroad

12. Name Nichols Potter

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

14. Maiden name Louisia Phillips

15. Birthplace Greene County, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Jane Potter

(b) Address Brookline, Missouri

17. (a) Burial (b) Date thereof 2/22/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brookline, Missouri

20. DATE OF DEATH: Month February day 18th,
year 1942 hour 1 minute A.M.

21. I hereby certify that I attended the deceased from Feb-17 1942 to Feb 18 1942
that I last saw him alive on Feb 17 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Duration 1 hr.

Due to.....
Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy.....
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 D
23. Signature E.M. LeCompte M.D. (M. D. or other)
Address Brookline Mo - 170 Date signed 2/19-42

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

19
00

RECEIVED

Greene County Health Office,

County File Number 42-8-46

Date Filed 5/6/42

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..... 

Licensed Embalmer No. 17670

P. O. Address Springfield, Mo.

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.