

FILED MAY 21 1942

State File No. ....

Registration District No. 398

Primary Registration District No. 5554

Registrar's No. 107

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Independence  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Rural Blue Township  
2308 Hall Independence Mo.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 7 1/2 months (Specify whether  
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Independence  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2308 Hall (If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country no

3. (a) PRINT FULL NAME Sharon Lee Potts

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced 1  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased aug. 28 1941  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
0 7 15 hr. min.

9. Birthplace Kansas City Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation chld

11. Industry or business \_\_\_\_\_

12. Name Vernon W. Potts  
13. Birthplace Neosho Co. Kansas  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary O'Leary  
15. Birthplace Neosho Kansas  
(City, town, or county) (State or foreign country)

16. (a) Informant Vernon W. Potts  
(b) Address Independence, Mo.  
17. (a) Removal (b) Date thereof 4/15/42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation mt Calvary K. C. Kans.  
18. (a) Signature of funeral director Ed. C. Carson  
(b) Address Independence Mo.  
19. (a) Apr. 14, 1942 (b) J. M. S. Ross  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 13  
year 1942 hour 8:30 minute P M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_  
that he or she was alive on \_\_\_\_\_, 19\_\_\_\_  
and that death occurred on the date and hour stated above.  
Immediate cause of death \_\_\_\_\_

Status thymolymphaticus  
Complete situs inversus  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings: Of operations 64  
Of autopsy \_\_\_\_\_  
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) (c) Means of injury 3

23. Signature [Signature] (M. D. of other) \_\_\_\_\_  
Address K. C. Mo. Date signed \_\_\_\_\_

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed *Frank B. Smith*.....

Licensed Embalmer No. 2467.....

P. O. Address Inde. 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.**