

26929

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 61

Registration District No. _____ Primary Registration District No. 5748

S. No. 2
11-10-39
5-17-39
I X21492

21
00

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

1. PLACE OF DEATH:
(a) County Chariton
(b) City or town Rural Keytownship Ins.
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County Chariton
(c) City or town Rural
(d) Street No. 1-1/2 N.W. Keytownship
(e) If foreign born, how long in U. S. A.? _____ years

3. (a) PRINT FULL NAME MARVIN-ALFRED POTTS
(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug day 17
year 1942 hour 10 minute 7 M.

4. Sex Male 2 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 _____ years

21. I hereby certify that I attended the deceased from June 13, 1940, to Aug 17, 1942
that I last saw him alive on August 12, 1942
and that death occurred on the date and hour stated above.

7. Birth date of deceased Aug 15 1921
(Month) (Day) (Year)
8. AGE: Years 21 Months - Days 2 If less than one day _____ hr. _____ min.

Immediate cause of death _____
Ch. Pulmonary Tuberculosis
Due to _____

9. Birthplace Keytownship (City, town, or county) MO (State or foreign country)
10. Usual occupation Nothing since finished school

Due to Diabetes mellitus
Other conditions (Include pregnancy within 3 months of death) _____
Duration 2 yrs

11. Industry or business _____
12. Name Marvin Potts
13. Birthplace Keytownship (City, town, or county) MO (State or foreign country)
14. Maiden name Olga Allen
15. Birthplace Idaho (City, town, or county) MO (State or foreign country)

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Marvin Potts
(b) Address Keytownship
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 20-1942 (Month) (Day) (Year)
(c) Place: burial or cremation Keytownship
18. (a) Signature of funeral director Wade & Burnett
(b) Address Keytownship
19. (a) W. E. Johnson (Date received by registrar) (b) R. K. Johnson (Registrar's signature)

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 ()
23. Signature Carl C. Hagen (M. D. or other) _____
Address Keytownship, MO Date signed 8/20/42

1022 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 9-8-42

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 _____

H. D. Garnett

Licensed Embalmer No. _____

3046

P. O. Address _____

Key Tawell Ma.

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.