

DEAD APR 15 1943

Registration District No. 43

Primary Registration District No. 3607

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

1. PLACE OF DEATH:

(a) County Butler

(b) City or town Poplar Bluff
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Poplar Bluff Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days
(Specify whether years, months or days)

In this community 0
(years, months or days)

3. (a) PRINT FULL NAME William McHaney Potillo

3. (b) If veteran, name war.

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Nancy Catherine Potillo

6. (c) Age of husband or wife if alive 20 years 1853

7. Birth date of deceased December 20 1853
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>89</u>	<u>2</u>	<u>23</u>	hr. min.

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

10. Usual occupation Retired farmer and blacksmith

11. Industry or business

12. Name Jesse Potillo

13. Birthplace N. Carolina
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant G. H. Potillo

(b) Address Granite City, Ill.

17. (a) Burial (b) Date thereof Mar. 15, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation 3 springs cemetery

18. (a) Signature of funeral director Greer Croy Funeral Ser.

(b) Address 442 Vine St., Poplar Bluff, Mo.

19. (a) 4-1-43 (b) Bill Potillo
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler

(c) City or town Poplar Bluff
(If outside city or town limits, write "RURAL")

(d) Street No. 1101 Hickory St
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 13 year 1943 hour 5 minute A. M.

21. I hereby certify that I attended the deceased from 3-1, 1943 to 3-13, 1943 that I last saw him alive on 3-1, 1943 and that death occurred on the date and hour stated above:

Immediate cause of death leucal hemorrhage

Due to

Due to

Other conditions (include pregnancy within 3 months of death) 93a

Major findings: Of operations none

Of autopsy none

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) none

(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 Bill Potillo (M.D. or other)

Address Poplar Bluff, Mo. Date signed 3-26-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Office No. 2

District File Number 443-450

Date Filed 4-12-48

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.....

L. J. Williams....., Registered Apprentice No. 349
working under my personal supervision.

Signed [Signature]
Licensed Embalmer No. 3474

P. O. Address Paplar Bluff, 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.