

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 2218

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 7 1943
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Registration District No. 149 Primary Registration District No. 1007

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Research Hospital D
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 49 Days (Specify whether
In this community 27 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. Ellison Hotel - 300 West Armour
(If rural, give location)
(e) Citizen of foreign country? No 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mr. Ralph Lloyd Potter

3. (b) If veteran, name war No 3. (c) Social Security No. no #

4. Sex Male 0 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

7. Birth date of deceased. August 11 1888
(Month) (Day) (Year)

8. AGE: Years 61 Months 9 Days 20 If less than one day
hr. _____ min. _____

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

10. Usual occupation Traveling Salesman

11. Industry or business H. D. Lee Mercantile Co.

MOTHER FATHER { 12. Name Lloyd B. Potter
13. Birthplace Altoona Pennsylvania
(City, town, or county) (State or foreign country)
14. Maiden name Ada Doel
15. Birthplace Napanock New York
(City, town, or county) (State or foreign country)

16. (a) Informant Earl Potter
(b) Address 1130 Emery Road, Lawrence, Kansas

17. (a) Burial (b) Date thereof May 13, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Topoka Cemetery, Topeka, Kansas

18. (a) Signature of funeral director D. H. Newcomer, Son

(b) Address 1401 Brush Creek Blvd

19. (a) 5-13-43 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11th
year 1943 hour 12 minute 20 A. M.

21. I hereby certify that I attended the deceased from Aug 23 1942 to May 10 1943
that I last saw him alive on May 10 1943
and that death occurred on the date and hour stated above.

Immediate cause of death
Chronic Myocarditis with Decompensation
Due to Arterio Sclerosis

Due to Arterial Hypertension

Other conditions 93 D.
(Include pregnancy within 3 months of death)

Major findings: None
Of operations None
Of autopsy None

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) (Means of injury)

23. Signature Surek Ferris (M. D. or other)
Address 934 Argyle Blvd Date May 11, 1943

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

August 1949

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 *Ernie M. Calhoun*

Licensed Embalmer No. *3506*

P. O. Address *Kc 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.