

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

18374
Do not use this space.

FILED JUN 10 1948

1. PLACE OF DEATH

(a) County Marion Registration District No. 208
 (b) Township WARREN Primary Registration District No. 5764 Registered No. 2761
 (c) City..... (d) Street No. Palmura R. 2
 (e) Length of residence in city or town where death occurred 70 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME EMMA LAUENIA HAMNER

(a) Residence, No. Palmura R 2 St. (If nonresident, give city or town and State) Mo
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widowed
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 26, 1866
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 0 29

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. at home
 10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fairbairn, Co. Maryland

FATHER 13. NAME HENRY ADAM POTTERFIELD

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maryland

MOTHER 15. MAIDEN NAME Margaret Ann Wadsworth

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maryland

17. INFORMANT Mrs T. E. Lear, Jr
(ADDRESS) Palmura Missouri RR 2

18. BURIAL, CREMATION, OR REMOVAL PLACE McDonon DATE 5-26-1948

19. FUNERAL DIRECTOR (NAME) Wicks on 15 mo
(ADDRESS) Monroe City Mo

20. FILED 5/25/1948 Mrs Margaret Maddox
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 25, 1948
 22. I HEREBY CERTIFY, That I attended deceased from May 23, 1948, to May 25, 1948
 I last saw her alive on May 23, 1948 Death is said to have occurred on the date stated above, at 2 A. m.
 The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset
May 23

Other contributory causes of importance: 930

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... Date of injury..... 19.....
 Where did injury occur?..... (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify.....
 (Signed) Harold F. Ellis, M.D.
 (Address) Monroe City, Missouri.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATE OF MISSISSIPPI
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

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, By me

....., or by

Registered Apprentice No., working under my personal supervision.

Signed Leslie L. Wilson

Licensed Embalmer No. 3014

P. O. Address Monroe, La., 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, above space should be left blank.