

FILED SEP 9 1943

State File No. _____

Registration District No. _____

Primary Registration District No. 4009

Registrar's No. 91

1. PLACE OF DEATH:

(a) County Andrew
(b) City or town Savannah
(If outside city or town limits, write "RURAL" and name of township):
(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 78 yrs years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrew
(c) City or town Savannah
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Specify No)
If yes, name country _____

3. (a) PRINT FULL NAME William Francis Potts

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

4. Sex m 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife RACRAEL 6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased MARCH 4 - 1860
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
8-3 5 8 hr. _____ min.

9. Birthplace MOGAWAY CO MO
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business _____

MOTHER FATHER { 12. Name William Henry Potts

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

14. Maiden name RACRAEL Killion

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

16. (a) Informant Ms. Toldie Patterson

(b) Address Savannah mo

17. (a) B (b) Date thereof 8-15-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellvue

18. (a) Signature of funeral director E. C. Brest

(b) Address Savannah mo

19. (a) 8/13/43 (b) J. K. Fritchman
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 12
year 1943 hour 1 minute 30 P. M.

21. I hereby certify that I attended the deceased from April 10, 1943, to August 12, 1943
that I last saw him alive on Aug 12, 1943, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Ends Carditis Duration _____

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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 D. S. R. Wilson (M. D. or other) _____

Address Rosendale mo Date signed 8-13-43

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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, *E. C. Beut*

Licensed Embalmer No. *2650*

P. O. Address: *Jawahar*

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.)

2 If this body is not embalmed, fact should be so stated above.