

S. No. 2
-9-41
5-17-39
I X25-28A

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

29094

State File No.

FILED SEP 9 1943

Registration District No. 286

Primary Registration District No. 5978

Registrar's No.

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

1. PLACE OF DEATH: *Pack*

(a) County *Pack*

(b) City or town *Rural Johnson Sup*
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: *1*
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution *25 years* (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State *Missouri* (b) County *Pack*

(c) City or town *"Rural"*
(If outside city or town limits, write "RURAL")

(d) Street No. *Johnson Sup*
(If rural, give location)

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

If yes, name country *A*

3. (a) PRINT FULL NAME *WILLIAM MARION POTTS*

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 *Married*

6. (b) Name of husband or wife *Della* 6. (c) Age of husband or wife if alive *64* years

7. Birth date of deceased *Dec 20 1875*
(Month) (Day) (Year)

8. AGE: Years *67* Months *7* Days *19* If less than one day _____ hr. _____ min.

9. Birthplace *Fair Play Mo*
(City, town, or county) (State or foreign country)

10. Usual occupation *Farmer*

11. Industry or business _____

MOTHER FATHER

12. Name *Henry H. Potts*

13. Birthplace *unknown Tenn*
(City, town, or county) (State or foreign country)

14. Maiden name *Margaret Wortham*

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

16. (a) Informant *Bruce Potts*

(b) Address *Humansville Mo.*

17. (a) *Rural* (b) Date thereof *Aug 11, 1943*
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation *Humansville Cemetery*

18. (a) Signature of funeral director *E. H. ...*

(b) Address *Humansville, Mo.*

19. (a) *Aug 12-43* (b) *Ora M. Rich*
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *Aug* day *9* year *1943* hour *2* minute *30 P.M.*

21. I hereby certify that I attended the deceased from *Aug 8 1943* to *Aug 8 1943* that I last saw him alive on *Aug 8 1943* and that death occurred on the date and hour stated above.

Immediate cause of death *Respiratory Paralysis*

Due to *Hodgkins disease!*

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

Major findings: Of operations *44* Of autopsy _____

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

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 *0*

23. Signature *Roscoe C. Neuman* (M., D., or other) *M.D.* Address *Humansville Mo.* Date signed *8-12-43*

1184

(Licensed Embalmer's Statement on Reverse Side)

"Bones"

may 20

William ...

RECEIVED

District Health Officer No. 7,

District File Number 8-43-906

Date filed 9-7-43

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

by me

Registered Apprentice No.

working under my personal supervision.

Signed

E. H. ...

Licensed Embalmer No. 4282

P.O. Address Humansville, 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.