S. No. 2
M—9-4-41
5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4194

FILED JAN 10 1944

Registration District No. 1842 Primary Registration District No. 4108 Registrar's No. 113

1. PLACE OF DEATH:
(a) County: Cedar
(b) City or town: Stockton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: XX
(If not in hospital or institution, write street number or location) XX
(d) Length of stay: In hospital or institution XXX
In this community XXX (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: Cedar 20
(c) City or town: Stockton 3
(If outside city or town limits, write "RURAL") 3
(d) Street No.: XX
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country: XXX 0

3. (a) PRINT FULL NAME: Rosa Jane Potts

3. (b) If veteran, name war: XXX

3. (c) Social Security No. XXX

4. Sex: Female

5. Color or race: white

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

6. (b) Name of husband or wife: John Potts

6. (c) Age of husband or wife if alive: XXX years

7. Birth date of deceased: July (Month) 23 (Day), 1853 (Year)

8. AGE:

Years	Months	Days	If less than one day
90	4	10	XXXXXXXX hr. XXXX min.

9. Birthplace: Fairplay, Missouri (City, town, or county) 0 (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business: XXX

FATHER
12. Name: Henry McGee
13. Birthplace: Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name: Lucindia Dowell
15. Birthplace: Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant: W H Potts
(b) Address: Stockton, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12-5-1943 (Month) (Day) (Year)
(c) Place: burial or cremation: Stockton Cemetery

18. (a) Signature of funeral director: Church & Neale
(b) Address: Stockton, Missouri

19. (a) 1-3-44 (Date received local registrar) (b) Mrs Ethel C Church (Registrar's signature)

1298

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 3 year 1943 ~~hour~~ minute 8:30 P. M.

21. I hereby certify that I attended the deceased from 3.23. 1943, to 12.3. 1943; that I last saw her alive on 12.3. 1943; and that death occurred on the date and hour stated above.

Immediate cause of death: Senility

Due to:

Due to:

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

Major findings:
Of operations:

Of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (City or town) (County) (State)
While at work? (Specify type of place) (e) Means of injury: 0

23. Signature: Wm. B. Richter (M. D. or other)
Address: Stockton Mo. Date signed 12-8-43

RECEIVED
District Health Officer No. 7,
District File Number 12-43-1457
Date Filed 1-6-44

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 Melvin Church

Licensed Embalmer No. 3272

P. O. Address Stockton 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.