

1. PLACE OF DEATH:

(a) County Douglas
(b) City or town Ava *Benton*
(c) Name of hospital or institution: _____
(If outside city or town limits, write "RURAL" and name of township)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ (Specify whether)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Douglas *34*
(c) City or town Ava *1*
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME James Alex Potter

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Male 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 September 1, 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 5 26 hr. _____ min.

9. Birthplace Ava, Douglas Co., Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____

12. Name Steven Potter

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

14. Maiden name Rebecca Bigsby

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

16. (a) Informant Walter J. O'Grady
(b) Address Ava, Missouri

17. (a) Burial (b) Date thereof 3-1-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ava

18. (a) Signature of funeral director Clinkingbeard Funeral Home
(b) Address Ava, Missouri

19. (a) 4-1-1944 (b) Mrs. J. R. Spurlock
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 27
year 1944 hour 7 minute 5 A M.

21. I hereby certify that I attended the deceased from Apr 27
1944 to July 27 1944
that I last saw him alive on July 27 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction

Due to arteriosclerosis

Due to _____

Other conditions (Include pregnancy within 3 months of death) 938

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? _____

(Specify type of place) _____ (e) Means of injury _____

23. Signature R. M. Norman (M. D. or other)

Address Ava Mo. Date signed 3/2/44

Duration 3 yrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

RECEIVED
District Health Officer No. 6
District Office Number 444-493
Date Filed APR 18 1944
Health Officer No. 6

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 W B Hutchison

Licensed Embalmer No. 3431

P. O. Address Casa No

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.