

FILED JUN 9 1944

Primary Registration District No. **3019**

Registrar's No. **79**

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

1. PLACE OF DEATH:

(a) County **Dunklin**
 (b) City or town **Kennett 210**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **Presnell**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **3 Days** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Molly Potter**

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

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**

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

7. Birth date of deceased **8-21-1896**
(Month) (Day) (Year)

8. AGE: Years **46** Months **6** Days **1** If less than one day _____ hr. _____ min.

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

10. Usual occupation **Home Keeper**

11. Industry or business _____

MOTHER FATHER { 12. Name **Dunklin**
 13. Birthplace **Dunklin Mo** 9
(City, town, or county) (State or foreign country)
 14. Maiden name **Dunklin**
 15. Birthplace **Dunklin Mo** 9
(City, town, or county) (State or foreign country)

16. (a) Informant **E. M. Dussel**

(b) Address **Smith RR-1**

17. (a) **Burial** (b) Date thereof **4-23-44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Local Home**

18. (a) Signature of funeral director **Local Funeral Home**

(b) Address **Kennett Mo**

19. (a) **5/25/44** (b) **J. B. Blum**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Dunklin**
 (c) City or town **Smith Rural 1 0**
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **4** day **22**
 year **1944** hour **8** minute **0** M.

21. I hereby certify that I attended the deceased from **4-21**, 19**44**, to **4-22**, 19**44**
 that I last saw her alive on **4-22**, 19**44**
 and that death occurred on the date and hour stated above.

Immediate cause of death: **Cardiac decompensation**
Pulmonary edema
Chronic nephritis

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

Major findings: **131 f**
 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) _____
 While at work? _____ (c) Means of injury _____

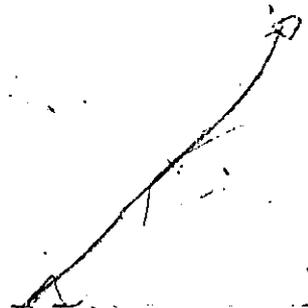
23. Signature **J. B. Blum** (M. D. or other) _____
 Address **Kennett Mo** Date signed **4-29-44**

RECEIVED

District Health Office No. 2,

District File Number 644-757

Date Filed 6-7-44



JUN 9 1944

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 Walter A. Hopkins
Licensed Embalmer No. 2002
P. O. Address Kenett 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.