

FILED AUG 9 1944

Registration District No. **199** Primary Registration District No. **1002**

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Luke's Hospital **0**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution since 7-4-44
(Specify whether years, months or days)

In this community Since 1912
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Miss Florence Poteet

3. (b) If veteran, name war. no.

3. (c) Social Security No. no.

4. Sex Female

5. Color or race white

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

6. (b) Name of husband or wife. X

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

7. Birth date of deceased: August 12 1888
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
52 55	11	17	hr. min.

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

10. Usual occupation Housemother

11. Industry or business X

MOTHER FATHER

12. Name Adolphus Poteet

13. Birthplace OHIO **1**
(City, town, or county) (State or foreign country)

14. Maiden name Maria Jane Whitsel

15. Birthplace Illinois **1**
(City, town, or county) (State or foreign country)

16. (a) Informant Allan A. Poteet

(b) Address Locarno Apartments, Kansas City, Mo.

17. (a) burial (b) Date thereof 7-31-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sedalia, Mo.

18. (a) Signature of funeral director Stine & McClure

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 7-29-44 (b) N. E. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson **48**

(c) City or town Kansas City **3**
(If outside city or town limits, write "RURAL")

(d) Street No. 5929 Brookside **8**
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)

If yes, name country X **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29 th. year 1944 hour 6:00 minute A. M.

21. I hereby certify that I attended the deceased from Apr 25 to July 29 and that I last saw him alive on July 28 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction

Due to Coronary disease 7 yrs

Other conditions High blood pressure 2 yrs

(Include pregnancy within 3 months of death)

Major findings: 94a

Of operations _____

Of autopsy _____

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) (Means of injury)

23. Signature J. V. Bell (M. D. or other) **0**

Address 1132 Provencher St Date signed _____

Dr. J. V. Bell

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 M Plank

Licensed Embalmer No.....

1848

P. O. Address.....

1 E 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.