

FILED SEP 2 1944

Registration District No. 130

Primary Registration District No. 5463A

Registrar's No. 60

1. PLACE OF DEATH:

(a) County Greene

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

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

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

(d) Street No. _____
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Charley Potter

3. (b) If veteran, name war Regular Army

3. (c) Social Security No. None

20. DATE OF DEATH: Month Aug. day 13th
year 1944 hour One minute 18 A. M.

4. Sex Male 5. Color or race White (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased: Aug. 23 1880
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 1, 1944 to Aug 13, 1944
that I last saw him alive on Aug. 13, 1944
and that death occurred on the date and hour stated above.

8. AGE: Years 63 Months 11 Days 20 If less than one day _____ hr. _____ min.

Immediate cause of death: Chronic Nephritis with Uremia

Due to Tracheal Urinary Infections

Due to _____

Other conditions (Include pregnancy within 3 months of death) 12/18

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

10. Usual occupation Retired Soldier

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____

12. Name James Potter

13. Birthplace Greene Co Mo
(City, town, or county) (State or foreign country)

14. Maiden name Elda West

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

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? _____

16. (a) Informant George Turnipseed

(b) Address Stratford Mo

17. (a) Burial (b) Date thereof Aug 18-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Danforth Cem

18. (a) Signature of funeral director W. H. Frick

(b) Address Springfield Mo.

19. (a) 8/14/44 (b) Harold Harrison
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature W. H. Frick (M. D. or other) md.

Address Stratford Mo Date signed 8/14/44

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

FEB 1 1940

SEP 5 1944

SEP 18 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 Ogle Stone Jr.

Licensed Embalmer No. 4176

P. O. Address Springfield 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.