

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 5-193

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: Majors Clinic 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 months
(Specify whether years, months or days)
In this community 6 months

3. (a) PRINT FULL NAME ADELAIDE B POTTS
3. (b) If veteran, name war NO
3. (c) Social Security No. none

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife Single 6. (c) Age of husband or wife if alive 12 years
7. Birth date of deceased: 12 (Month) 3 (Day) 1874 (Year)

8. AGE: Years 69 Months 10 Days 26 If less than one day hr. min.

9. Birthplace Cass County MO
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Insurance

11. Industry or business executive

12. Name Lorenzo B. Potts

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

14. Maiden name Christine McFadden

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

16. (a) Informant Dr. Laurence P. Potts

(b) Address 7928 Troost Ave.

17. (a) Burial (b) Date thereof: 10-31-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation White Hall Ill.

18. (a) Signature of funeral director Stue & McClure H. Co.

(b) Address Kansas City Mo

19. (a) 10-28-44 (b) W. E. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Jackson
(c) City or town Kansas City 4?
(If outside city or town limits, write "RURAL")
(d) Street No. 7928 Troost
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 28
year 1944 hour 11 minute 50 P.M.

21. I hereby certify that I attended the deceased from May 23, 1944, to Oct 28, 1944;
that I last saw her alive on Oct 28, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Mitral Stenosis Duration Sudden
Due to Involunt. Melancholia
With endocrine deficiency several yrs
Due to

Other conditions (Include pregnancy within 3 months of death) 92

Major findings: 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? no

While at work? — (Specify type of place) (e) Means of injury —

23. Signature Hegman & Majors (M. D. certifying)

Address 3100 Euclid Ave K.C. Mo Date signed 10/28/44

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.....

Licensed Embalmer No.....

P. O. Address.....

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.