

Registration District No. 38

Primary Registration District No. 3006

1. PLACE OF DEATH:

(a) County Boone
 (b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Noyes Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 8 Days
(Specify whether years, months or days)
 In this community 3 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone
 (c) City or town Columbia
(If outside city or town limits, write "RURAL")
 (d) Street No. 501 Rogers St.
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country (1)

3. (a) PRINT FULL NAME VIRGIL POTTS

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Addie Faucett Potts 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased 11 - 5 - 1861
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
83 1 3 _____ hr. _____ min.

9. Birthplace Nicholas County Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business _____

MOTHER FATHER
 12. Name Charles B. Potts
 13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
 14. Maiden name Louvenia Allen
 15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. L.H. Arnold
 (b) Address 501 Rogers St., Columbia, Mo.
Burial (b) Date thereof 12-10-44
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Mt. Zion

18. (a) Signature of funeral director Parson Funeral Service
 (b) Address Columbia, Mo.

19. (a) 12-9-44 (b) Edna H. Barber
(Date received from registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 8
 year 1944 hour 3 minute 10 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw him alive on Dec 3 - 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis chronic
 Due to arterio sclerosis
 Due to _____
 Other conditions hypertension chronic
(include pregnancy within 3 months of death)

Duration
 ?
 ?
 ?
 PHYSICIAN

 Underline the cause to which death should be charged statistically.

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

23. Signature Frank E. DeLain (M. D. or other)
 Address Chicago Date signed 12-9-44

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

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2
4

FEB 8 1945

RECEIVED

District Health Officer No. 9

District File Number.....

Date Filed 1-19-45

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..... *Frank Zaring*

Licensed Embalmer No. 4132

P. O. Address Columbia, 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.