. S. No. 2
00M—2-43
ev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED NOV 8 1945

State File No. 33508

Registration District No. 67 Primary Registration District No. 5-2-5-8 5263 Registrar's No. 16

1. PLACE OF DEATH:

(a) County Christian

(b) City or town Rogersville Mo. R.R.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Linden Township
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Christian

(c) City or town Rogersville Mo R.R.
(If outside city or town limits, write "RURAL")

(d) Street No. Linden Township
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME Thomas J. Potter

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

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lula Potter 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased Aug. (Month) 4 (Day) 1861 (Year)

8. AGE: Years 84 Months 0 Days 27 If less than one day ..... hr. ..... min.

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

10. Usual occupation Farmer

11. Industry or business .....

FATHER
12. Name Elisha Potter
13. Birthplace don't know (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Jestin Cox
15. Birthplace don't know (City, town, or county) (State or foreign country)

16. (a) Informant Lula Potter
(b) Address Rogersville Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 2-45 (Month) (Day) (Year)
(c) Place: burial or cremation Pembina Cemetery

18. (a) Signature of funeral director T. B. Chaffin
(b) Address Ozark Mo.

19. (a) Oct 16 45 (Date received local registrar) (b) Lillie Barr (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 31" year 1945 hour 9 minute 30 a.m.

21. I hereby certify that I attended the deceased from Dec 5-th 1944 to Sept Aug 31 1945 that I last saw him alive on Aug 26 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage — Duration 10 days

Due to Arteriosclerosis

Due to .....

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

Major findings:
Of operations .....
Of autopsy 830

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? ..... (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature R. R. Farthing (M. D. or other)

Address Ozark Mo Date signed 9-10-45

1553

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District File Number 1145-1062
Date Filed NOV 5 1945

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 T. B. Chaffin

Licensed Embalmer No. 2192

P. O. Address Ozark 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.