

S. No. 2
M-8-43
7-5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40953**

Registration District No. **75** Primary Registration District No. **3015** Registrar's No. **12**

1. PLACE OF DEATH:
(a) County **Linton**
(b) City or town **Cameron**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **10 yrs.** (Specify whether years, months or days)

In this community **10 yrs.**
3. (a) PRINT FULL NAME **Benjamin W. Huffel Potter**
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 _____ 6. (c) Age of husband or wife if alive, years **1898**
7. Birth date of deceased: **Mar 12 1898**
(Month) (Day) (Year)

8. AGE: Years **70** Months **10** Days **18** If less than one day hr. _____ min. _____

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

10. Usual occupation **Farmer, retired**

11. Industry or business **Farming**

12. Name **Jasper B. Potter**

13. Birthplace **Turney Mo.**
(City, town, or county) (State or foreign country)

14. Maiden name **Marion G. Deak**

15. Birthplace **Turney Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Irene Potter**
(b) Address **The Spruce, St Joseph, Mo.**

17. (a) **Burial** (b) Date thereof **12/2-45**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Turney Mo.**

18. (a) Signature of funeral director **De Moss Creek**
(b) Address **Cameron Mo.**

19. (a) **12-1-45** (b) **Tom Ray Budywala**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Linton 25**
(c) City or town **Cameron**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) **1**
(e) Citizen of foreign country? **No** (Yes or No) **0**
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **30**
year **1945** hour **9** minute **35** P.M.

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

Immediate cause of death **Angina pectoris** Duration **6 yrs**

Due to _____

Due to _____

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

Major findings:
Of operations **9/10**
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) (e) Means of injury _____

23. Signature **A. H. Templeman** (M. D. or other) _____
Address **Cameron Mo.** Date signed **12/1/45**

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

5
1
1

RECEIVED
District Health Officer No. 11
District File Number
Date Filed

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

Geo. M. ...

Licensed Embalmer No. _____

2533

P. O. Address _____

Compton Md

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.