

No. 2  
OM-5-43  
v. 5-17-39  
I X36871

UNITED STATES DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **96190**  
Registrar's No. **1053**

Registration District No. **181948**  
Primary Registration District No. **1002**

8545  
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 **General Hospital No. 1**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **5 days**  
(Specify whether years, months or days) **66 YEARS**

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **Jackson**  
(c) City or town **Kansas City**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **2831 Woodland**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **George W. Potts**  
(b) If veteran, name war **No**  
(c) Social Security No. **NONE**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **March** day **1**  
year **1946** hour **12 noon** minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from **Feb. 23**, 19**46** to **March 1**, 19**46**  
that I last saw him alive on **March 1**, 19**46**  
and that death occurred on the date and hour stated above.

4. Sex **MALE** 5. Color or race **WHITE**  
6. (a) Single, widowed, married, divorced **WIDOWED**  
6. (b) Name of husband or wife **KATHERINE POTTS**  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **JULY 10 1854**  
(Month) (Day) (Year)

Immediate cause of death **Congestive heart failure  
Bronchopneumonia**  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

8. AGE: Years **91** Months **7** Days **21**  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Major findings: \_\_\_\_\_  
Of operations **107**  
Of autopsy **None**  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

9. Birthplace **CADWELL CO MISSOURI**  
(City, town, or county) (State or foreign country)  
10. Usual occupation **RETIRED**

11. Industry or business **DECORATOR**  
12. Name **WYKINOW IV**  
13. Birthplace **WYKINOW IV**  
(City, town, or county) (State or foreign country)  
14. Maiden name \_\_\_\_\_  
15. Birthplace **WYKINOW IV**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Anna C. Gentry**  
(b) Address **3637 Tracy**  
17. (a) **Burial** (b) Date thereof **3/4 46**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Forest Hill**

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? \_\_\_\_\_

18. (a) Signature of funeral director **D. W. Newcomer**  
(b) Address **401 Break Creek EC Mo**  
19. (a) **3-3-46** (b) **Seraldine Holmes**  
(Date received local registrar) (Registrar's signature)

23. Signature **Clark W. Sedgwick** (M. D. or other)  
Address **Med. Dir. Gen'l Hosp.** Date signed **3-2-46**

*Dr. Mc ...*

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**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 *A. C. Newcomer*.....

Licensed Embalmer No. *4043*.....

P. O. Address *N. C. 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.**