

FILED MAY 16 1946

Registrar's No. **2031**

Registration District No. **199**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH: **Jackson**

(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: **Menorah Hospital**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **1 day**
(Specify whether years, months or days)

In this community **2 days**

2. USUAL RESIDENCE OF DECEASED:

(a) State **New York** (b) County **999**

(c) City or town **Rochester** **90**
(If outside city or town limits, write "RURAL")

(d) Street No. **96 Arbordale Avenue**
(If rural, give location)

(e) Citizen of foreign country? **no** **2**
(Yes or No)

If yes, name country **X**

3. (a) PRINT FULL NAME **Wellington (Duke) Potter**

3. (b) If veteran. name war **no.**

3. (c) Social Security No. **NO.**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **30**
year **1946** hour **2:20** minute **P.** M.

4. Sex **male** 5. Color or race **white**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Grace H. Potter**

6. (c) Age of husband or wife if alive **60** years

7. Birth date of deceased **October 11 1884**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **April 29, 1946**
to **April 30, 1946**
that I last saw him alive on **April 30, 1946**
and that death occurred on the date and hour stated above.

8. AGE: Years **61** Months **6** Days **19**
If less than one day hr. min.

Immediate cause of death **Acute coronary heart disease**

9. Birthplace **New York**
(City, town, or county) (State or foreign country)

Due to _____

Due to _____

Other conditions **9/40**
(Include pregnancy within 3 months of death)

10. Usual occupation **Insurance**

11. Industry or business **X**

12. Name **Wilson Potter**

13. Birthplace **New York**
(City, town, or county) (State or foreign country)

14. Maiden name **Eulalia H. Doty**

15. Birthplace **New York**
(City, town, or county) (State or foreign country)

Major findings: Of operations **9/40**

Of autopsy **None**

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant **Mrs. Grace H. Potter**

(b) Address **96 Arbordale Ave., Rochester, N. Y.**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

17. (a) **Cremation** (b) Date thereof **5-2-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Elmwood Cemetery**

(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**

18. (a) Signature of funeral director **Stine & McClure,**
3235 Gillham Plaza, K. C., Mo.

(b) Address _____

While at work **No** (Specify type of place) _____
(e) Means of injury _____

19. (a) **5-3-46** (b) **Geraldine Holmes**
(Date received local registrar) (Registrar's signature)

23. Signature **Dew / South** (M. D. or other) **M.D.**
Address **1440 11th Street, N.Y.C.** Date signed **5/2/46**

~~W. J. ...~~
W. J. ...
learn of ...
Memorandum
by 5-30

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 E. M. Shank

Licensed Embalmer No. 1848

P. O. Address. Fla 7120

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.