

S. No. 2
M-5-43
y. 5-17-39
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DEPARTMENT OF HEALTH OF THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF THE CENSUS
FILED APR 17 1946 STANDARD CERTIFICATE OF DEATH

State File No. **13605**

Registration District No. **156** Primary Registration District No. **2001** Registrar's No. _____

1. PLACE OF DEATH:
(a) County **Jasper**
(b) City or town **Joplin**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Freeman 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 **1 day**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jasper** **49**
(c) City or town **Joplin** **2**
(If outside city or town limits, write "RURAL")
(d) Street No. **230 N. Schifferdecker Ave** **5**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **No**

3. (a) PRINT FULL NAME **Michael Poteet**
3. (b) If veteran, name war **no** **3. (c) Social Security No.** **no**

4. Sex **Male** **5. Color or race** **white** **6. (a) Single, widowed, married, divorced** **single**
6. (b) Name of husband or wife _____ **6. (c) Age of husband or wife if alive** _____ years
7. Birth date of deceased **March 26, 1946**
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day **21 hours**
hr. min.

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

10. Usual occupation _____
11. Industry or business _____

MOTHER FATHER
12. Name **Albert Poteet**
13. Birthplace **Neosho Mo.**
(City, town, or county) (State or foreign country)
14. Maiden name **Johna Deane Mills.**
15. Birthplace **Joplin Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Albert Poteet**
(b) Address **230 N. Schifferdecker, Joplin Mo.**
17. (a) Burial **(b) Date thereof** **Mar. 28, 46**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Fairview Cem.**

18. (a) Signature of funeral director **Hurlbut Und. Co.**
(b) Address **Joplin Mo.**
19. (a) 3-30-46 **(b) B. H. Pearson, D.R.**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Mar.** **27**, day **1946**
year _____ hour **12-50** P. M. minute _____ M.
21. I hereby certify that I attended the deceased from **Birth**
March 26, 1946 19 _____ to **March 27** 19 **46**
that I last saw h. **live** on **March 27** 19 **46**
and that death occurred on the date and hour stated above.

Immediate cause of death **status-thymico-lymphaticus** **62 hrs**
Duration

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

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy **64**
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? _____

23. Signature **Eugene H. Hamilton** (M. D. or other) **M.D.**
Address **Joplin Mo.** **Date signed** **3-27-46**

138 (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
12541

46-3-282

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.....

Perry H. Idurkha

Licensed Embalmer No. *959*

P. O. Address: *Joplin 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.