J. 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

FILED JUN 14 1946

STANDARD CERTIFICATE OF DEATH

17253

State File No.

Registration District No. 178 Primary Registration District No. 4285 Registrar's No. 38

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

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

3. (a) PRINT FULL NAME: Alfred Lewis Pottle
3. (b) If veteran, name war: no
3. (c) Social Security No.: none
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Fannie Atkinson
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: April (Month) 14 (Day) 1883 (Year)

8. AGE: Years 63 Months Days 8 If less than one day hr. min.

9. Birthplace: Willow Springs (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Taxi Driver
11. Industry or business

MOTHER FATHER
12. Name: Thomas Pottle
13. Birthplace: England. (City, town, or county) (State or foreign country)
14. Maiden name: Sarrah Northcutt
15. Birthplace: Rock Springs (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Mrs Clarence Kemper
(b) Address: Lewistown. Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Apr. 24. 1946 (Month) (Day) (Year)
(c) Place: burial or cremation: Burnhan Cemetary
18. (a) Signature of funeral director: James A Coder
(b) Address: Lewistown. Missouri
19. (a) 5-25-46 (Date received local registrar) (b) P. W. Jennings M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 22 year 1946 hour 1.30 minute A M.
21. I hereby certify that I attended the deceased from December 15, 1945, to April 22, 1946, that I last saw him alive on April 22, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Thrombosis — Duration
Due to: Cardiosma Pelvis
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations: 5.57
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature: Paul Nelson M.D. (M. D. or other)
Address: Kirksville Mo. Date signed 4/27/46

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 1
District File Number 6-46-116
Date Filed JUN 13 1946

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 Myself, Registered Apprentice No. ....., working under my personal supervision.

Signed James A Coder

Licensed Embalmer No. 2532

P. O. Address Lewiston Me.

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.