No. 2
—8-43
5-17-39
I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22608

FILED AUG 12 1946

Registration District No. 76 Primary Registration District No. 3002 Registrar's No. 104

1. PLACE OF DEATH:
(a) County Audrain
(b) City or town Mexico (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Audrain 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. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Audrain
(c) City or town Mexico (If outside city or town limits, write "RURAL")
(d) Street No. 502 W. Monroe (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Oscar Franklin Potts
3. (b) If veteran, name war No
3. (c) Social Security No 491-24-1973
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Dora Potts
6. (c) Age of husband or wife if alive unknown years
7. Birth date of deceased Oct 18, 1888 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
57	9	1	hr. min.

9. Birthplace Calloway County, Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Mexico Street Dept.
11. Industry or business
FATHER 12. Name J. W. Potts
13. Birthplace Calloway County Mo. (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Liza Va. McAnich
15. Birthplace Calloway Co., Mo. (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Dora Potts
(b) Address Mexico, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/22/46 (Month) (Day) (Year)
(c) Place: burial or cremation Elmwood
18. (a) Signature of funeral director Clw Arnold Jr
(b) Address Mexico, Mo.
19. (a) 7-20/1946 (Date received local registrar) (b) Blanche Keely (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 19 year 46 hour 6 8 minute 15 A.M.
21. I hereby certify that I attended the deceased from July 18, 1946, to July 19, 1946; that I last saw him alive on July 18, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Infarct 3rd degree burns of 90% of body	15 hrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
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) Accident
(b) Date of occurrence July 18 46
(c) Where did injury occur? Mexico Audrain Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Street (Specify type of place)
While at work? yes (e) Means of injury gasoline explosion
23. Signature C. L. Garner (M. D. or other)
Address Mexico Mo Date signed 7-19-46

9 (Licensed Embalmer's Statement on Reverse Side)

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

21472

RECEIVED
District Health Officer No. 10
District File Number 8-46-1479
Date Filed AUG 10 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 .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed [signature]

Licensed Embalmer No. 3569

P. O. Address Mexico, 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.