

Registration District No. 149

Primary Registration District No. 1002

WRITE PLAINLY—USE UNFADING 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: St. Joseph's 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 9 Months

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson
 (c) City or town Kansas City Rural
(If outside city or town limits, write "RURAL")
 (d) Street No. 7801 Jarboe Street
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME JAMES C. POTTS
 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 Married
 6. (b) Name of husband or wife Theresia Potts
 6. (c) Age of husband or wife if alive 71 years
 7. Birth date of deceased January 28th 1871
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>8</u>	<u>27</u>	hr. _____ min.

9. Birthplace Polk County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

MOTHER FATHER
 { 12. Name Henry Potts
 { 13. Birthplace Tennessee
(City, town, or county) (State or foreign country)
 { 14. Maiden name Margaret Wortham
 { 15. Birthplace Polk County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. H. A. Martin
 (b) Address 7801 Jarboe Street

17. (a) Removal (b) Date thereof 10 - 27 - 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Fair Play, Missouri

18. (a) Signature of funeral director Freeman Mortuary & Chapel
 (b) Address 104 West 42nd, St. Kansas City, Mo.

19. (a) 10-25-46 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 25th,
 year 1946 hour 5:00 minute A: M.

21. I hereby certify that I attended the deceased from June 1, 1946 to Oct 25, 1946
 that I last saw him alive on Oct 25, 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death:
1 Carcinoma of the Rectum 1 year

Due to 2 Abdominal peritonitis 2 days
Perforation of Carcinoma
area in bowel wall

Other conditions: yeast
(Include pregnancy within 3 months of death)

Major findings: Operated Oct. 24, 1946
findings as above.
 Of autopsy _____

Duration
 1 year
 2 days
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? _____

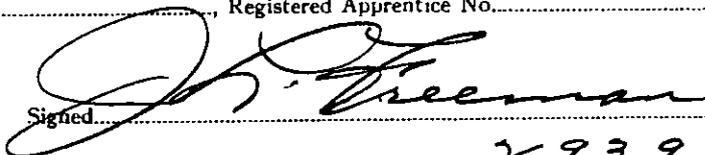
(Specify type of plane) _____
 While at work? _____ (c) Means of injury _____
 Signature John K. Caldwell (M. D. or other) MD
 Address 1636 Argyle Bldg Kansas City Date signed 10/25/46

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.....



Licensed Embalmer No. 2939

P. O. Address H.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.

7-11-1930
1056
1100 to
5130