S. No. 2
1—8-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 22 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 35931

Registration District No. 362 Primary Registration District No. 6234 Registrar's No. 71

1. PLACE OF DEATH:
(a) County: Warren
(b) City or town: Rural (Elkhorn township) (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 ____ In this community: life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Warren 109
(c) City or town: Warrenton (Rural) 0 (If outside city or town limits, write "RURAL")
(d) Street No. 0 (If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country ____

3. (a) PRINT FULL NAME: John Henry Pottebaum
3. (b) If veteran, name war ____
3. (c) Social Security No. 495-30-9895
4. Sex: male 0
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: December 25, 1900 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
45	9	12	____ hr. ____ min.

9. Birthplace: Warren County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business ____
12. FATHER Name: Casper Pottebaum 4
13. FATHER Birthplace: ____ (City, town, or county) Germany (State or foreign country) 1
14. MOTHER Maiden name: Amelia Oberlag 0
15. MOTHER Birthplace: Warren County (City, town, or county) Missouri (State or foreign country)
16. (a) Informant: Miss Lena Pottebaum
(b) Address: R.F.D. Warrenton, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10-10-46 (Month) (Day) (Year)
(c) Place: burial or cremation: Warrenton, Mo.
18. (a) Signature of funeral director: F.W. Nieburg & Co.
(b) Address: Warrenton, Mo.
19. (a) Oct. 18-1946 (Date received local registrar) (b) Mrs. Fred Moran (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 7 year 1946 hour 9:00 minute P. M.
21. I hereby certify that I attended the deceased from Oct 7, 1946 to ____, 19____; that I last saw him alive on Oct. 7, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death: Thrombosis, Coronary artery acute — Duration: 1 hr
Due to ____
Due to ____
Other conditions (Include pregnancy within 3 months of death) ____
Major findings: Of operations ____ Of autopsy 9-17

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? ____ While at work? ____ (Specify type of place) (e) Means of injury 0

23. Signature: Randolph F. Koehler (M. D. or other)
Address: Warrenton Mo Date signed 10/10/46

375 (Licensed Embalmer's Statement on Reverse Side)

OCT 5 1953

RECEIVED
District Health Officer No. 9,

District File Number----------

Date Filed 10-21-46

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 John E. Herlinger

Licensed Embalmer No. 4469

P. O. Address Warrenton, 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.