

1. PLACE OF DEATH:

(a) County Greene  
(b) City or town Springfield  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 926 E. Sunshine 3  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 Months. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Montgomery 999  
(c) City or town Coffeyville 5  
(If outside city or town limits, write "RURAL") 2  
(d) Street No. .... (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country .....

3. (a) PRINT FULL NAME Herbert H. Potter

3. (b) If veteran, name war World War # 1 3. (c) Social Security No. ....

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Marion Potter 6. (c) Age of husband or wife if alive 30 years 1894

7. Birth date of deceased. May (Month) (Day) (Year)

8. AGE: Years 52 Months 6 Days 7 If less than one day / hr. min.

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

10. Usual occupation Retired

11. Industry or business .....

12. Name Charles W. Potter

13. Birthplace Unknown (City, town, or county) New York (State or foreign country)

14. Maiden name Anna Chadwick

15. Birthplace Unknown (City, town, or county) Ohio (State or foreign country)

16. (a) Informant Mrs Zella Cutright

(b) Address Coffeyville, Kansas

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/9/46 (Month) (Day) (Year)

(c) Place: burial or cremation Coffeyville, Kans

18. (a) Signature of funeral director Herman H. Lohmeyer

(b) Address Springfield, Missouri

19. (a) 12-6-46 (Date received local registrar) (b) W. H. ... MD (Licenses Embalmer's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 6 year 1946 hour 12 minute 15 A.M.

21. I hereby certify that I attended the deceased from 12:30 AM 6 Dec. 1946 to 12:30 AM 1946;

that I last saw him alive on 5 Dec. 6 1946; and that death occurred on the date and hour stated above.

Immediate cause of death Sudden death Duration Unknown

Due to 7 followed physical exertion

Due to apparently acute coronary occlusion

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 94A 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) 0

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 0

23. Signature S. Sicheluff (M. D. or other) Address 2015 Pershing Date signed 6-12-46

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

926

111

MAR 1 9 1947  
JAN 22 1947

4261  
JAN 6 1947

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..... *Walter E. Hamella*

Licensed Embalmer No. *3808*

P. O. Address *Springfield 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.