

S. No. 2
DM-2-43
v. 5-17-39
P-1, X35097

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24333

FILED AUG 13, 1947

State File No. _____

Registration District No. 1002

Primary Registration District No. 1002

Registrar's No. 3216

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:
2632 Lister
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 21 years
In this community _____ years, months or days
(Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 42632 Lister 8
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country X

3. (a) PRINT FULL NAME Jane T. Potts

3. (b) If veteran, name war No

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30
year 1947 hour 9 minute 15P M.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Henry Potts

6. (c) Age of husband or wife if alive Dec. years

7. Birth date of deceased April 6 1858
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 20 1947 to July 30 1947
that I last saw her alive on July 29 and that death occurred on the date and hour stated above.

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

89 3 24 hr. _____ min.

Immediate cause of death Chronic Interstitial Nephritis 6 mo
Duration

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

Due to _____

Due to _____

10. Usual occupation Home

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business X

Major findings: 131a
Of operations _____
Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

12. Name Patrick Houston

13. Birthplace Massachusetts
(City, town, or county) (State or foreign country)

14. Maiden name Mary Threshy

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

16. (a) Informant Miss Myrtle Botts

(b) Address 2632 Lister

17. (a) Burial (b) Date thereof Aug. 1, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wellington, Kansas

18. (a) Signature of funeral director Wilks Funeral Home

(b) Address 2315 Linwood K. C. Mo

19. (a) 7-31-47 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

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 _____

23. Signature Chas. J. Nelson (M. D. or other) _____

Address 36 1/2 W. 12th Ave Date signed 7-31-47

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

MOTHER FATHER

Dr. Charles Nelson
2636 1/2 Indep
Ch 2143
5 O'clock

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 Chas E. Wilks
Licensed Embalmer No. 2644
P. O. Address. KC-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.