S. No. 2
M—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 7 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 36160

Primary Registration District No. 1003

Registrar's No. 9955

1. PLACE OF DEATH:

(a) County

(b) City or town ST. LOUIS MISSOURI
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Barnes Hospital (Specify whether)

In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Arkansas (b) County Pulaski 999

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

(d) Street No. 1910 N. Monroe St. 0
(If rural, give location) K.R. 2

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME CAROLYN VELMA POTTS

3. (b) If veteran, name war No.

3. (c) Social Security No. None

4. Sex F

5. Color or race W

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 JAN (Month) 7 (Day) 1929 (Year)

8. AGE: Years 18 Months 9 Days 20 If less than one day hr. min.

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

10. Usual occupation Student

11. Industry or business

MOTHER FATHER

12. Name JOHN G. POTTS

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

14. Maiden name VTHIZMA DANIEL

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

16. (a) Informant John G. Potts

(b) Address Little Rock, Ark.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10-28-47 (Month) (Day) (Year)

(c) Place: burial or cremation Little Rock, Ark.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) OCT 28 1947 (Date received local registrar) (b) J. F. Breaux (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCT day 27 year 1947 hour 5.30 minute P.M.

21. I hereby certify that I attended the deceased from 10/25, 1947, to 10/27, 1947; that I last saw her alive on 10/27, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Respiratory depression	2 days
Due to Lobar pneumonia and bronchial pneumonia	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy all above	

PHYSICIAN — Underline the cause of 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 place)

While at work? (e) Means of injury 0

23. Signature R. Holden Jr. (M. D. or other)

Address Barnes Hospital, Date signed 27 Oct 47

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

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

9966

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 S. Dennehy

Licensed Embalmer No. 4194

P. O. Address.....

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.