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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED NOV 19 1947

Registration District No. 70

Primary Registration District No. 3002

Registrar's No. 117

1. PLACE OF DEATH:

(a) County Audrain
(b) City or town Mexico
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Audrain Hospital
(If not in hospital or institution, write street number or location) 0
(d) Length of stay: In hospital or institution 20 min.
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Audrain 4
(c) City or town Mexico
(If outside city or town limits, write "RURAL") 1
(d) Street No. 322 E. Monroe
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ 0

3. (a) PRINT FULL NAME Stephen Potts

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex M 0 5. Color or race W 6. (a) Single, widowed, married, divorced S 0

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 29, 1947
(Month) (Day) (Year)

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

9. Birthplace Mexico, Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Baby

11. Industry or business _____

12. Name Clairy Potts

13. Birthplace St. Louis, Mo. 0
(City, town, or county) (State or foreign country)

14. Maiden name Rose Mary Marlow

15. Birthplace St. Louis, Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Clairy Potts

(b) Address Mexico, Mo.

17. (a) Burial (b) Date thereof 7/29/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Catholic Cemetery

18. (a) Signature of funeral director: Chas. Ansel

(b) Address Mexico, Mo.

19. (a) 7/29/47 (b) Blanche Keely
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29 year 1947 hour 7:05 minute A. M.

21. I hereby certify that I attended the deceased from July 27, 1947, to July 29, 1947.
that I last saw him alive on July 29, 1947,
and that death occurred on the date and hour stated above.

Immediate cause of death: Respiratory dysfunction due to thrombocytopenic purpura Duration 20 min

Due to _____
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations: _____
Of autopsy: 160A

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) no

(b) Date of occurrence _____

(c) Where did injury occur? none
(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 Harry J. O'Brien (M. D. or other)

Address Mexico, Mo. Date signed 7/29/47

(Licensed Embalmer's Statement on Reverse Side)

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

2-1

RECEIVED
District Health Officer No. 10
Certificate File Number 11-47-1592
Date Filed NOV 18 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 *Everett R. Neal*

Licensed Embalmer No. *4038*

P. O. Address *Mexico, 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.