No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED NOV 28 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 38675

Registration District No. 1916 Primary Registration District No. 2001 Registrar's No.

1. PLACE OF DEATH:
(a) County: Jasper
(b) City or town: Joplin (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 405 No. Mineral (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community: 22 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jasper 49
(c) City or town: Joplin (If outside city or town limits, write "RURAL") 2
(d) Street No.: 405 N. Mineral (If rural, give location) 5
(e) Citizen of foreign country? no (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME: Floyd O. Potts
3. (b) If veteran, name war:
3. (c) Social Security No.
4. Sex: M. 2
5. Color or race: negro
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: January 25, 1913 (Month) (Day) (Year)
8. AGE: Years 34 Months 8 Days 18 If less than one day hr. min.
9. Birthplace: Iola, Kansas (City, town, or county) (State or foreign country)
10. Usual occupation: Porter
11. Industry or business: 15th St. Buffet
FATHER 12. Name: Thomas Potts
13. Birthplace: Clinton, Missouri (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Lena Sears
15. Birthplace: Bates County, Missouri (City, town, or county) (State or foreign country)
16. (a) Informant: Lena Potts
(b) Address: 405 N. Mineral, Joplin, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10-16-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Parkway
18. (a) Signature of funeral director: Parker-Hunsaker
(b) Address: Joplin, Missouri
19. (a) 10-17-47 (Date received local registrar) (b) Dolores Lampkins (Registrar's signature) 1/34

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct. day 13 year 1947 hour 4:30 minute P. M.
21. I hereby certify that I attended the deceased from Did Not attend 19; that I last saw him alive on 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary failure	
Due to: Lobar pneumonia.	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: Of autopsy: 108	

Coroner's Inquest

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) 2
While at work (Kind of business or industry)
23. Signature: J. H. Leckett M. D. (M. D. or other) Do
Address: 314 Joplin Date signed 10/14/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

NOV 28 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 _____

Licensed Embalmer No. 2548

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.