

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

1. PLACE OF DEATH:

(a) County Webster
(b) City or town Rural - Ozark Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution X (Specify whether
In this community life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Webster
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Ozark Township
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country X

3. (a) PRINT FULL NAME William S. Potter

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

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

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

7. Birth date of deceased July - 4 - 1862
(Month) (Day) (Year)

8. AGE: Years 85 Months 3 Days 9 If less than one day X hr. X min.

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

10. Usual occupation Farmer

11. Industry or business Farm

12. Name Thomas Potter

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

14. Maiden name Martha Webanor

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

16. (a) Informant Roy Potter (son)

(b) Address Marshfield, Mo.

17. (a) Burial (b) Date thereof 10-15-'47
(Burial, reinterment, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Timber Ridge

18. (a) Signature of funeral director Jay Jolley

(b) Address Marshfield, Missouri

19. (a) 11-6-47 (b) _____
(Date received local registrar) (Date received by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 13
year 1947 hour 1 minute A.M.

21. I hereby certify that I attended the deceased from Oct 1 - 17
1947 to Oct 13 - 1947

that I last saw him alive on _____, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death Lungs, Tubercular pneumonia fever
Due to _____
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)
Major findings: _____
Of operations 10
Of autopsy _____

Duration

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)
(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 1

23. Signature W.F. Schmitt (M. D. or other) _____
Address Meriden Date signed 10/14/47

RECEIVED

District Health Officer No. 6,

District File Number 1147-1224

Date Filed 11-24-47

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 Alex Rainey

Licensed Embalmer No. 3812

P. O. Address Marshfield, 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.