No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1565

FILED JAN 19 1948

Registration District No. 55

Primary Registration District No. 4244

Registrar's No. 1

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

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Carterville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 204 South Locust Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 60 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town Carterville
(If outside city or town limits, write "RURAL")
(d) Street No. 204 South Locust Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Walter C. Potts
3. (b) If veteran, name war No
3. (c) Social Security No.
4. Sex M. C
5. Color or race W.
6. (a) Single, widowed, married, divorced M.
6. (b) Name of husband or wife Ella Potts
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased September (Month) 27 (Day) 1878 (Year)

8. AGE: Years 69 Months 3 Days 8 If less than one day ..... hr. ..... min.

9. Birthplace (City, town, or county) Illinois (State or foreign country)
10. Usual occupation retired
11. Industry or business
FATHER
12. Name Walter Potts
13. Birthplace (City, town, or county) no data (State or foreign country)
MOTHER
14. Maiden name Ella Duton
15. Birthplace (City, town, or county) no data (State or foreign country)
16. (a) Informant Widow Ella Potts
(b) Address Carterville, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/8/48 (Month) (Day) (Year)
(c) Place: burial or cremation Carterville Cemetery
18. (a) Signature of funeral director Hedge-Lewis
(b) Address Webb City, Mo.
19. (a) JAN 7, 1948 (Date received local registrar) (b) H. Pritchard MD (Registrar's signature) 137

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 5
year 1948 hour 1:45 minute P. M.

21. I hereby certify that I attended the deceased from Dec 28, 1947, to Jan 5, 1948
that I last saw him alive on Jan 5, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Paralysis Agitans	10 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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
23. Signature James V. Flaherty (M. D. ~~or other~~)
Address Carterville Mo Date signed 1-7-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

48-1-1

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 Leonard J. Lewis Jr. Registered Apprentice No. 46, working under my personal supervision.

Signed [illegible]

Licensed Embalmer No. 2859

P. O. Address Webb City 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.