

Registration District No. _____

Primary Registration District No. 3000

Registrar's No. 99

1. PLACE OF DEATH:

(a) County Adair

(b) City or town Kirkville
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: K.C.O.S. Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days
(Specify whether years, months or days)

In this community 2 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair

(c) City or town Kirkville
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Marian Katherine Potter

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 19
year 1948 hour 3 minute 50 P.M.

21. I hereby certify that I attended the deceased from March 18
1948, to March 19, 1948
that I last saw her alive on March 19, 1948
and that death occurred on the date and hour stated above.

3. (b) If veteran, name war _____ 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: March (Month) 18 (Day) 1948 (Year)

8. AGE: Years _____ Months _____ Days 2 If less than one day hr. _____ min.

9. Birthplace: Kirkville (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Infant

11. Industry or business _____

12. Name Dean Potter

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

14. Maiden name Ruby Mason

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

16. (a) Informant Dean Potter

(b) Address Kirkville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3/20/48 (Month) (Day) (Year)

(c) Place: burial or cremation Llewellyn Cmt.

18. (a) Signature of funeral director Dee Riley Funeral Home

(b) Address Kirkville, Missouri

19. (a) 4-3-48 (Date received local registrar) (b) Kate Lambert (Registrar's signature)

Immediate cause of death Complete atelectasis

Due to Prematurity (7mo.) (Twin)

Due to _____

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

Major findings: Of operations _____ Of autopsy _____

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 _____

23. Signature [Signature] (Doctor or other) D.O.

Address K.C.O.S. Clinic, Kirkville, Mo. Date signed 3/20/48

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

MOTHER FATHER

RECEIVED
District Health Officer No. 10
District File Number 4-48-625
Date Filed APR 7 1948

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 D. E. Riley

Licensed Embalmer No. 4581

P. O. Address Kenilworth

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.