S. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 29 1948

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 9144

Registration District No. 155 Primary Registration District No. 3127 Registrar's No. 39

19
6
2

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

1. PLACE OF DEATH:
(a) County JASPER
(b) City or town WEBB CITY
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jane Chinn Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 22 days (Specify whether
In this community 14 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 49
(a) State MISSOURI (b) County JASPER
(c) City or town JOPLIN 9
(If outside city or town limits, write "RURAL")
(d) Street No. 115 North Connor Ave. 5
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME ELSIE RUTH POTTS
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Fem. 1
5. Color or race Wh.
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Floyd C. Potts
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March 26th, 1916
(Month) (Day) (Year)

8. AGE: Years 31 Months 11 Days 1 If less than one day hr. min.

9. Birthplace Newton County, Mo. 0
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business at home
FATHER
12. Name Leonard Anderson
13. Birthplace Newton Co., Mo. 0
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Maude Collins
15. Birthplace Newton Co., Mo. 0
(City, town, or county) (State or foreign country)
16. (a) Informant Floyd C. Potts
(b) Address at home JOPLIN, MO.
17. (a) Burial (b) Date thereof 3-1-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Osborne Cemetary
18. (a) Signature of funeral director Parker-Hunsaker
(b) Address Joplin, Mo.
19. (a) MCH 1; 1948 (b) [signature] M.D.
(Date received local registrar) (Registrar's signature) 137

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 27th
year 1948 hour 12:50 minute P. M.
21. I hereby certify that I attended the deceased from February 25th 1948 to February 27th 1948
that I last saw her alive on February 27th 1948
and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Cerrebral Hemorrhage | 4 hrs. |
| Due to: Carcinoma of brain in region of pituitary gland | |
| Due to: Metastisis from breast | 2 Years |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings:
Of operations 50
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 2
23. Signature [signature] (M. D. or other) D.O.
Address Carterville, Mo. Date signed 3-1-48

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

Pence

48-2-158

MAR 27 1950

MAR 30 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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.**