S. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUN 1 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 15497

Registration District No. 42 | Primary Registration District No. 1000 | Registrar's No. 576

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

1. PLACE OF DEATH:
(a) County Gentry Buchanan
(b) City or town St Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Mo Methodist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days (Specify whether
In this community three days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Gentry
(c) City or town King City Mo RR
(If outside city or town limits, write "RURAL")
(d) Street No. Rural Route
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

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3. (a) PRINT FULL NAME Lillie Potter
3. (b) If veteran, name war Mo
3. (c) Social Security No. No
4. Sex Female
5. Color or race Cau
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Chas T
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Apr (Month) 15 (Day) 1874 (Year)

8. AGE: Years 74 Months 1 Days 6 If less than one day hr. min.

9. Birthplace Gentry Co (City, town, or county) Mo (State or foreign country)
10. Usual occupation Housework
11. Industry or business Same
FATHER
12. Name James Mann
13. Birthplace Spalding England (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant John Potter
(b) Address Darlington Mo
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5-22-48 (Month) (Day) (Year)
(c) Place: burial or cremation Ford City Mo
18. (a) Signature of funeral director R. G. Taggart
(b) Address King City Mo
19. (a) 5-22-48 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21 year 1948 hour 9 minute 15 a.m.
21. I hereby certify that I attended the deceased from May 18, 1948 to May 21, 1948 that I last saw her alive on May 21, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	Sudden
Due to post operative Prolapsus Uterus	4 yrs
Due to Hypertension	?
Other conditions (Include pregnancy within 3 months of death)	

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Major findings: Of operations Prolapsis Uterus vaginal hysterectomy
Of autopsy no

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 0
23. Signature H. S. Conrad (M. D. ~~or other~~)
Address St Joseph Mo Date signed 5-22-48

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

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 R. G. Taggart

Licensed Embalmer No. 2563

P. O. Address Springfield 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.