

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

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47670

FILED AUG 9 1948

Registration District No. 580

Primary Registration District No. 6228

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Henry Sup.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 33 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Vernon 108
(c) City or town Henry (Rural) 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. Henry Sup. 0
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME HARRY POTTER

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

4. Sex male 5. Color or race wh 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Nancy Potter 6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased Sept. 6 1869
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>78</u>	<u>9</u>	<u>24</u>	hr. _____ min. _____

9. Birthplace Petersburg Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farmer

12. Name Edward Potter

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

14. Maiden name Martha McHenry

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

16. (a) Informant Mrs. Chris Ward

17. (a) Burial (b) Date thereof 7-2-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Little

18. (a) Signature of funeral director R. Taylor Jones

(b) Address Gleason St, Kans.

19. (a) 7-22-48 (b) Walshyn Spence
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 30
year 48 hour 7 minute 30 P.M.
21. I hereby certify that I attended the deceased from 1-1, 1948 to 6-30, 1948.
that I last saw him alive on 6-30, 1948.
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma liver Duration 1 yr.

Due to _____

Due to _____

Other conditions ✓
(Include pregnancy within 3 months of death)

Major findings: Of operations none Of autopsy no

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 and 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) (c) Means of injury 0

23. Signature Wm. H. Allen (M. D. 0)
Address Henry Mo Date signed 7/2/48

RECEIVED

District Health Officer No.

District File Number 7-48-8

Date Filed 8-2-48

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.....

me....., Registered Apprentice No.....
working under my personal supervision.

Signed W. P. Lane.....

Licensed Embalmer No. 3141 me

P. O. Address Plains, 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.