No. 2
1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 10 1948

Registration District No. 0

MISSOURI DIVISION OF HEALTH
# STANDARD CERTIFICATE OF DEATH

State File No. 26980

Primary Registration District No. 3041

Registrar's No. 371

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

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Macon 61
(c) City or town: Macon Mo 3
(If outside city or town limits, write "RURAL")
(d) Street No. ..... (If rural, give location) 2 0
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: Ishmael Poteet
3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Sadie Poteet
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: Oct (Month) 27 (Day) 1884 (Year)
8. AGE: Years 63 Months 9 Days 27 If less than one day ..... hr. ..... min.
9. Birthplace: ~~Richmond Poteet~~ (City, town, or county) West Virginia (State or foreign country)
10. Usual occupation: Carpenter & Paper hanger
11. Industry or business: Carpenter & Paper hanger
FATHER
12. Name: Lewis Poteet
13. Birthplace: France (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Martha Jane Wells
15. Birthplace: Ohio (City, town, or county) (State or foreign country)
16. (a) Informant: Sadie Poteet
(b) Address: Macon Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-14-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt Zion Redmon
18. (a) Signature of funeral director: Stephens & Stirling
(b) Address: Macon Mo
19. (a) Aug 30-48 (Date received by local registrar) (b) Ruth M Neely (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 12 year 1948 hour one minute 30 a.m.
21. I hereby certify that I attended the deceased from July 15, 1948 to 12 Aug, 1948; that I last saw him alive on 11 Aug 1948 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Hemmorrhage from Intestinal track | 1 week |
| Due to: Severe tapemic - from diffuse carcinoma liver | |
| Due to: | |
| Other conditions (Include pregnancy within 3 months of death): Fractured left hip 6 Jan 48 | 8 mo |

Major findings:
Of operations: H & P
Of autopsy: Diffuse carcinoma of liver

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: Donald E Eggleston (M. D. or other) MD
Address: Macon, Missouri Date signed 12 Aug 48

Jefferson City Printing Co. 1 0 (Licensed Embalmer — Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 9-48-16
Date Filed SEP 9 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 C. L. Stephens

Licensed Embalmer No. 3057

P. O. Address Macon 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.