FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED SEP 27 1948
Registration District No. 1208

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29501
Registrar's No. 795
Primary Registration District No. 2000

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Springfield (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Springfield Baptist Hosp (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days (Specify whether
In this community Same as above years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene 34
(c) City or town Brookline (If outside city or town limits, write "RURAL")
(d) Street No. 1 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country No

3. (a) PRINT FULL NAME LUTISHA POTTER
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Elmer Potter
6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased February (Month) 6 (Day) 1891 (Year)

8. AGE: Years 57 Months 7 Days 15 If less than one day hr. min.

9. Birthplace Greene County, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation house wife
11. Industry or business
FATHER
12. Name Thomas Phillips
13. Birthplace unknown (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Cordelia Bennett
15. Birthplace unknown (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Elmer Potter (husband)
(b) Address Brookline, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-23-48 (Month) (Day) (Year)
(c) Place: burial or cremation Brookline Cemetery
18. (a) Signature of funeral director Alma Lohmeyer Funeral Home
(b) Address Springfield, Missouri
19. (a) 9-22-48 (Date received local registrar) (b) W. E. Handley MD (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept day 21 year 1948 hour 10 minute 25 A.M.
21. I hereby certify that I attended the deceased from Sept 19, 1948, to Sept 21, 1948; that I last saw her alive on Sept 21, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death (1) Fracture, simple cervical vertebrae	2 days
(2) Paralysis, complete, below neck	
Due to secondary to (1)	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations —	
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) Accident 133
(b) Date of occurrence 19 Sept 1948
(c) Where did injury occur? Springfield (City or town) Greene (County) Co. (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? on Highway (Specify type of place)
While at work? — (e) Means of injury Auto accident
23. Signature R. Wendell Stewart (M. D. or other) M.D.
Address 23 Professional Bldg. Springfield Mo. Date signed 22 Sept 48

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

Call with other M. Vehicle

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

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 Lee Mason

Licensed Embalmer No. 4568

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.