S. No. 2
1—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29587

FILED SEP 21 1948
Registration District No. 1997

Primary Registration District No. 4218

Registrar's No. 195

1. PLACE OF DEATH:
(a) County: Henry
(b) City or town: Windsor
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Community Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 5 days (Specify whether years, months or days)
In this community: 27 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Henry
(c) City or town: Rural
(If outside city or town limits, write "RURAL")
(d) Street No.: Route # 4, Windsor
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Miss Sarah Frances Potts
3. (b) If veteran, name war: None
3. (c) Social Security No.: None
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: December (Month) 22 (Day) 1866 (Year)

8. AGE:

Years	Months	Days	If less than one day
81	8	23	hr. min.

9. Birthplace: Pulaski County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: at home
11. Industry or business:
MOTHER
12. Name: Unknown
13. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country)
FATHER
14. Maiden name: Unknown
15. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country)
16. (a) Informant: Edgar Bumpas
(b) Address: Windsor, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9-17-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Windsor, Missouri
18. (a) Signature of funeral director: Huston Funeral
(b) Address: Windsor, Missouri
19. (a) 9-17-48 (Date received local registrar) (b) R. R. Kempey (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month September day 15 year 1948 hour 1 minute P. M.
21. I hereby certify that I attended the deceased from Sept 7, 1948 to Sept 15, 1948 and that I last saw him alive on Sept. 15, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hypertensive Heart Disease	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): 9 3 E	
Major findings: Of operations: no operation	
Of autopsy: No 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

23. Signature: T. G. Blackmore (M. D. or other) MD
Address: Windsor, Missouri Date signed: 9-16-48

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

RECEIVED
District Health Officer No. 7
District File Number 8-48-1107
Date Filed 9-20-48

SEP 23 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 William M. Turner, Registered Apprentice No. 470 working under my personal supervision.

Signed Elden M. Huston

Licensed Embalmer No. 3391

P. O. Address Windsor, 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.