S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

31899

State File No.

FILED OCT 25 1948

Registration District No. 2

Primary Registration District No. 4009

Registrar's No. 275

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

1. PLACE OF DEATH:
(a) County Andrew
(b) City or town SAVANNAH
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 506 West Chestnut
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether
In this community 28 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Andrew
(c) City or town SAVANNAH
(If outside city or town limits, write "RURAL")
(d) Street No. 506 - West Chestnut
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Rachel Susan Potts
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July (Month) 3 (Day) 1872 (Year)

8. AGE: Years 76 Months 3 Days 11 If less than one day hr. min.

9. Birthplace Gentry Co (City, town, or county) mo (State or foreign country)
10. Usual occupation At Home
11. Industry or business

FATHER
12. Name John Samuel Grimes
13. Birthplace Lexington (City, town, or county) ohio (State or foreign country)

MOTHER
14. Maiden name Rebecca Crowder
15. Birthplace Laykett Co (City, town, or county) mo (State or foreign country)

16. (a) Informant Goldie Patterson
(b) Address Savannah mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation Fillmore
18. (a) Signature of funeral director E. C. Breit
(b) Address Savannah mo
19. (a) 10-16-48 (Date received local registrar) (b) Lillian Spurk (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 14
year 1948 hour 5 minute 20 P. M.

21. I hereby certify that I attended the deceased from 8-30, 1947, to 10-14, 1948
that I last saw her alive on 10-14, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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 Lowell Craig (M. D. or other)
Address Savannah Mo Date signed 10-16-48

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 E. C. Breif

Licensed Embalmer No. 2650

P. O. Address Savannah 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.