

FILED NOV 17 1948

Registration District No. 2049

Primary Registration District No. 3043

1. PLACE OF DEATH:

(a) County Marion
(b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Levering Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital ~~XXXXXX~~ 11 days
In this community Lifetime
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Union Township
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Lucy W. 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 Widowed
6. (b) Name of husband or wife James Potter 6. (c) Age of husband or wife if alive dec years
7. Birth date of deceased February 1 1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 9 5 hr. min.

9. Birthplace Marion County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name Obed White
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Porter
15. Birthplace Knox County, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Russell Potter
(b) Address Palmyra, Missouri

17. (a) Burial (b) Date thereof 9/11/48
(Burial, cremation, or reinterment) (Month) (Day) (Year)
(c) Place: burial or cremation Palmyra, Mo Greenwood Cemetery

18. (a) Signature of funeral director Lewis Brown
(b) Address Palmyra, Missouri

19. (a) Nov 8 '48 (b) Dr E M Lusk
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 6
year 1948 hour 5 minute 0 P.M.

21. I hereby certify that I attended the deceased from 24 Sept
1948 to Nov. 5 1948;
that I last saw her alive on November 5 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis
Duration _____
Due to Cerebral arteriosclerosis
Due to _____

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

Major findings: Of operations g3p
Of autopsy _____

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 did 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) (e) Means of injury D

23. Signature M. J. Keller (M. D. or other) _____
Address 222 Broadway Date signed 11-8-48

WRITE PLAINLY—USE 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..... *Cross Lewis*.....

Licensed Embalmer No. *2382*

P. O. Address *Palmyra, 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.