

FILED APR 18 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13445**
Registrar's No. **1450**

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>1450</u>	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give town) Kansas City		c. LENGTH OF STAY (in this place) 40 yrs.		c. CITY OR TOWN Kansas City		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1206 Broadway				e. STREET ADDRESS (If rural, give location) 1626 Central			
3. NAME OF DECEASED (Type or Print) a. (First) Harry b. (Middle) H. c. (Last) Potter			4. DATE OF DEATH (Month) (Day) (Year) March 31, 1956				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 20, 1883		9. AGE (In years) 72	IF UNDER 1 YEAR Months	IF UNDER 11 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Car Salesman			10b. KIND OF BUSINESS OR INDUSTRY Berl Berry		11. BIRTHPLACE (City and State or Foreign Country) Unknown Kentucky		12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME Claude Potter			13b. MOTHER'S MAIDEN NAME Harriet Crossland		14. NAME OF HUSBAND OR WIFE Katherine Potter		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 513-01-3833		17. INFORMANT'S SIGNATURE OR NAME Katherine Potter ADDRESS 1626 Central K.C., Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis			INTERVAL BETWEEN ONSET AND DEATH
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			4201
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Impacted Prostate Gland				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY/TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE Hugh H. Owens (Degree or title)				23b. ADDRESS 1034 Walnut Blvd		23c. DATE SIGNED 4-3-56	
24a. BURIAL CREMATION (Specify) Burial		24b. DATE 4-4-56	24c. NAME OF CEMETERY OR CREMATORY Mt. Calvary		24d. LOCATION (City, town, or county) (State) Kansas City Kansas		
DATE REC'D BY LOCAL REG. 4-3-56		REGISTRAR'S SIGNATURE Neva Marshall		25. FUNERAL DIRECTOR'S SIGNATURE Melody-McGilley-Eyler ADDRESS K.C., Mo.			

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

No. 1234567890
 State of Michigan
 License No. 1234567890
 Date of Issue 12/31/2023
 Expiration Date 12/31/2024
 Name of Deceased Person
 Address of Deceased Person
 City of Deceased Person
 State of Deceased Person
 Date of Death
 Cause of Death
 Place of Death
 Name of Embalmer
 Address of Embalmer
 City of Embalmer
 State of Embalmer
 Date of Embalming
 Place of Embalming
 Signature of Embalmer
 Signature of Student Embalmer
 License No. of Student Embalmer
 Date of Signature

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, Student Embalmer No.....
 working under my personal supervision..

Student.....
 Signature of Student Embalmer

Signed.....
 Licensed Embalmer No. 490
 P. O. Address. KC M

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
 If this body is not embalmed, fact should be so stated above.