

OCT 18 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

31367  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Jackson Registration District No. 399  
 (b) Township Kaw Primary Registration District No. 1002  
 (c) City Kansas City (d) Street No. 3536 Central Registered No. 3465  
 (e) Length of residence in city or town where death occurred 32 mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Miss Iva Portwood  
 (a) Residence, No. 3536 Central St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ---

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 16, 1892

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
47 5 15

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as saw mill, bank, etc. Dressmaker  
 10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

13. NAME Milton Portwood

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

15. MAIDEN NAME Rosie Moberly

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT (ADDRESS) Elmer W. Wilson  
Parsons, Kansas

18. BURIAL, CREMATION, OR REMOVAL PLACE Freeman Vault DATE 9-4-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Freeman Mortuary  
104 W. 42nd St., K. C., Mo.

20. FILED 9/4 1939 M. M. Brown  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 1, 1939

22. I HEREBY CERTIFY, That I attended deceased from 1934 to 7/20, 1939.  
 I last saw h. CR alive on 7/17, 1939. Death is said to have occurred on the date stated above, at 10:30 P.M.  
 The principal cause of death and related causes of importance were as follows:

Metastatic Carcinoma  
Ca of Breast.  
46  
Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....  
 What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? ..... Date of injury ..... 19.....  
 Where did injury occur? ..... (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....  
 Nature of injury 1

24. Was disease or injury in any way related to occupation of deceased? .....  
 If so, specify .....  
 (Signed) M. P. Coffey, M. D.  
 (Address) 1103 Grand K.C. Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Form 1-15603

**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 Clarence M. Chiles

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Clarence M. Chiles

Licensed Embalmer No. 3473

P. O. Address 76 E. 260.

**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, above space should be left blank.**