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

1939 NOV 14 1939

35086
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson,
(b) Township Kaw,
(c) City or Kansas City, Mo.
Registration District No. 399
Primary Registration District No. 1002
Registered No. 4061
(d) Street No. 447 East 74th Terrace, St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Helen Frances Porter,
(a) Residence, No. 447 East 74th Terrace, St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 x
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 20, 1858.
7. AGE: Years 81 | Months 1 | Days 2 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home
9. Industry or business in which work was done, as saw mill, bank, etc.
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) Maine.

FATHER
13. NAME Unknown,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown,

MOTHER
15. MAIDEN NAME Unknown,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown,

17. INFORMANT Mrs. Eleanor Jaccard,
(ADDRESS) 447 East 74th Terrace,

18. BURIAL, CREMATION, OR REMOVAL
PLACE Forest Hill Cem. DATE 10-24 1939

19. FUNERAL DIRECTOR (NAME) Stine & McClure,
(ADDRESS) 3235 Gillham Plaza, K. C., Mo.

20. FILED 10/23 1939 M. M. Brown
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 22, 1939.

22. I HEREBY CERTIFY, That I attended deceased from ....., to ....., 19.....
I last saw her alive on ....., 19..... Death is said to have occurred on the date stated above, at 7:30 p.
The principal cause of death and related causes of importance were as follows:

Deputy Coroner

	Date of onset
Chronic glomerular nephritis	
Hypertrophy of the heart	
Acute edema of lungs	

Other contributory causes of importance:

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

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 .....

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

(Licensed Embalmer's Statement on Reverse Side)

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.

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

A-1 X16905

MAR 9 1949

~~Dr. [illegible]~~
Prof Bldg
~~[illegible]~~ 36

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 Dewey Towner Jr, Registered Apprentice No. 222 working under my personal supervision.

Signed E. M. Plank

Licensed Embalmer No. 1848

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.