

JAN 3 1940

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

42680
Do not use this space.

1. PLACE OF DEATH
 (a) County Barry Registration District No. 29
 (b) Township Flat Creek Primary Registration District No. 5038
 (c) City Cassville, Mo. RFD (d) Street No. _____ St. _____
 (e) Length of residence in city or town where death occurred 0 yrs. 0 mos. 4 ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.
 2. PRINT FULL NAME James Claud Porter
 (a) Residence, No. Cassville, Mo. Route 2 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 Male 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) Dec. 18, 1939
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
0 0 4
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None
 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) Cassville, Mo. R.2
Barry County

FATHER 13. NAME Sam Porter
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cassville, Missouri

MOTHER 15. MAIDEN NAME Beatrice Johnson
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) LaRussel, Missouri

17. INFORMANT (ADDRESS) Sam Porter
Cassville, Mo. Route 2

18. BURIAL, CREMATION, OR REMOVAL PLACE Corrinth Cemetary Dec. 22 1939

19. FUNERAL DIRECTOR (ADDRESS) Horine-Culver
Cassville, Mo.

20. FILED Jan 3 1940 Seawright Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. HEREBY CERTIFY, That I attended deceased from Dec. 18 1939, to Dec. 22 1939

I last saw him alive on Dec 22 1939 Death is said to have occurred on the date stated above, at 4:00 p.m.

The principal cause of death and related causes of importance were as follows:

Ultra-Cranial Neuritis 12/20/39
B
 Other contributory causes of importance: Breath Stagnant

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 _____

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify _____

(Signed) EE McDaniel M. D.
Cassville, Mo. (Address)

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.

RECEIVED

District Health Officer No. 6,

District File Number 140-34

Date Filed JAN 5 1940

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

No. _____ or by J. C. Canada, Registered Apprentice No. 225
working under my personal supervision.

Signed G. E. Culver

Licensed Embalmer No. 35-84

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.)