

AUG 14 1940

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

24056
Do not use this space.
2666

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Kew Primary Registration District No. 1002 Registered No. 2666
 or
 (c) City Kansas City (d) Street No. St. Louis Hospital 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 34 yrs. 3 mos. 17 ds. (f) How long in U. S., if of foreign birth? ✓ yrs. ✓ mos. ✓ ds.

2. PRINT FULL NAME

Irene Porter (Irene Porter)
 (a) Residence, No. 4120 Woodland 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 Fe 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 14, 1906

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
34 3 17

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. housewife
 9. Industry or business in which work was done, as saw mill, bank, etc. at home
 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) K. C. Mo. 0

FATHER
 13. NAME Herry E. Darnell 1

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) K. C. Kansas

MOTHER
 15. MAIDEN NAME Dorothy Hammond

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) K. C. Kansas

17. INFORMANT Carl Porter
 (ADDRESS) 4120 Woodland

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE July 3, 1940

19. FUNERAL DIRECTOR (NAME) Bentley Mortuary
 (ADDRESS) 5811 Troost

20. FILED July 2, 1940 M. Brown
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 1, 1940

22. I HEREBY CERTIFY, That I attended deceased from June 6, 1940, to July 1, 1940.
 I last saw her alive on July 1, 1940. Death is said to have occurred on the date stated above, at 8 P. m.
 The principal cause of death and related causes of importance were as follows:

Metastatic Brain Abscess
1178
 Date of onset June 6, 1940

Other contributory causes of importance:
From abscess of lower lobe of right lung.

Name of operation None Date of
 What test confirmed diagnosis? Cat scan 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? no
 If so, specify
 (Signed) Kenneth A. Davis, M. D.
 (Address) 3301 Woodland
Kansas City, 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.

1 X16605

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 Guy Ruffington
Licensed Embalmer No. 2756
P. O. Address K. C. 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, above space should be left blank.