

No. 2
1-10-39
-17-39
X21492

SEP 5 1940
Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No.

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

I. PLACE OF DEATH:
 (a) County Jackson
 (b) City or town St. Louis, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Flournoy Home for Col. Child
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 day
 (Specify whether years, months or days)

8. (a) PRINT FULL NAME Melona Porter
 8. (b) If veteran, name war
 3. (c) Social Security No. 2

4. Sex F 5. Color or race Col
 6. (a) Single, widowed, married, divorced

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased July 18 - 1940
 (Month) (Day) (Year)

8. AGE: Years _____ Months 1 Days _____ If less than one day hr. _____ min. _____

9. Birthplace St. Louis, Mo.
 (City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business _____
 MOTHER FATHER { 12. Name Harace Jackson
 13. Birthplace _____
 14. Maiden name Melona Porter
 15. Birthplace Mo.
 (City, town, or county) (State or foreign country)

16. (a) Informant Wm. A. Schmeiss
 (b) Address 11 E. Pine Street

17. (a) Burial (b) Date thereof Aug. 29-40
 (burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Leeds

18. (a) Signature of funeral director Wm. A. Schmeiss
 (b) Address 11 E. Pine Street

19. (a) Aug. 28, 1940 (b) M-M-Crowe
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Jackson
 (c) City or town 2228 Campbell St
 (If outside city or town limits, write "RURAL")
 (d) Street No. 11 E Mo
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 19 year 1940 hour 9:39 minute A.M.
 21. I hereby certify that I attended the deceased from July - 18 to July - 19, 1940
 that I last saw her alive on July - 19 - 40, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Permativity
 Duration _____

Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____

Major findings:
 Of operations _____
 Of autopsy _____

PHYSICIAN 159
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
 While at work _____ (Specify type of place)
 Means of injury _____
 23. Signature Melona Porter (M. D. or other) _____
 Address 11 E. Mo Date signed _____

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.....

Licensed Embalmer No.....

P. O. Address.....

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.