

Registration District No. 3019

Primary Registration District No. 3019

Registrar's No. 209

1941 SEP 20 10 41 AM

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Independence
(c) Name of hospital or institution: 801 S. Park
(d) Length of stay: In hospital or institution 25 yrs.
In this community 25 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson
(c) City or town Independence
(d) Street No. 801 S. Park
(e) If foreign born, how long in U. S. A.?

8. (a) PRINT FULL NAME GRACE TRUMAN Porter

3. (b) If veteran, name war ✓ 8. (c) Social Security No. ✓

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mr. James Lee Carter, Highland 6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased September 13, 1870

8. AGE: Years 69 Months 11 Days 5 If less than one day ✓ hr. ✓ min.

9. Birthplace Big Clifty, Glasgow Co., Kentucky

10. Usual occupation Housewife

11. Industry or business "

MOTHER FATHER { 12. Name Thomas J. Dean
13. Birthplace Grapson County, Kentucky
14. Maiden name Marguerite Haddeth
15. Birthplace Bedford, Indiana

16. (a) Informant Miss Mildred Bratton

(b) Address 712 Constitution, Independence

17. (a) Burial (b) Date thereof Aug. 20, 1940

(c) Place: burial or cremation Woodlawn

18. (a) Signature of funeral director W. L. Mitchell

(b) Address Independence, Mo.
19. (a) Aug. 20, 1940 (b) F. L. Cook

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 18 year 40 hour 1 minute 30 P.M.

21. I hereby certify that I attended the deceased from April 1940 to Aug 18, 1940; that I last saw her alive on Aug 18, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage & the James Caplan fracture of Gall Bladder 6 mt

Other conditions: (Include pregnancy within 3 months of death) "
Major findings: Of operations 46
Of autopsy "

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) 360
(d) Did injury occur in or about home, on farm, in industrial place, in public place? "
While at work? (Specify type of place) (e) Means of injury "
23. Signature Flomberg (M. D. or other) "
Address Independence Date signed "

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

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

Signed Henry D. Mitchell
Licensed Embalmer No. 3925
P. O. Address Indep 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.