

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2423

1941 FEB 25 1941
Registration District No. 66

Primary Registration District No. 7164

Registrar's No. 6

1. PLACE OF DEATH:
 (a) County Dent
 (b) City or town Salem
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: -----
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community _____
years, months or days)

3. (a) PRINT FULL NAME Elizabeth Porter
8. (b) If veteran, ----- **3. (c) Social Security**
 name war _____ No. none

4. Sex Female **5. Color or race** White **6. (a) Single, widowed, married,**
2 divorced Widowed
6. (b) Name of husband or wife _____ **6. (c) Age of husband or wife if**
 _____ alive _____ years

7. Birth date of deceased June 5, 1854
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>86</u>	<u>7</u>	<u>15</u>	hr. _____ min. _____

9. Birthplace: New York /
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

12. Name Unknown

13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mae Porter

(b) Address Beaver Okla

17. (a) Burial (b) Date thereof 1/22/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cedar Grove Cem.

18. (a) Signature of funeral director Carl K. [unclear]

(b) Address Salem, Missouri 240

19. (a) 1-22-41 **(b)** A. E. Butler M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Dent 33
 (c) City or town Salem 1
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location) 0
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan, day 20
 year 1941 hour 6:30 minute P. M.

21. I hereby certify that I attended the deceased from Jan 19
1941, to Jan 20, 1941
 that I last saw him alive on Jan 20, 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death Tobac. Pneumonia
 Duration 1 week

Due to _____
 Due to _____

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

PHYSICIAN
 Major findings: _____
 Of operations _____
 Of autopsy _____
 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) (e) Means of injury _____

23. Signature M. [unclear] (M. D. or other) [unclear]
 Address Salem, Mo. Date signed 1/23/41

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

RECEIVED

District Health Officer No. 5,

District File Number 241268

Date Filed

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 Wm. W. McDonald

Licensed Embalmer No. 3806

P. O. Address Salem, 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.