

S. No. 2
4-13-40
5-17-39
PI X23159

DEPARTMENT OF COMMERCE
BUREAU OF VITAL STATISTICS
1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32076

Registration District No. 591 Primary Registration District No. 42269 Registrar's No. 9

1. PLACE OF DEATH: (a) County Montgomery
(b) City or town Madletown, Mo.
(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 1 (Specify whether
In this community many years years, months or days)

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

3. (a) PRINT FULLNAME FLORA V. PORTER

MEDICAL CERTIFICATION
20. DATE OF DEATH, Month Sept day 6
year 1941 hour 5 minute 15 P.M.

3. (b) If veteran, name war - 3. (c) Social Security No. _____

21. I hereby certify that I attended the deceased from Sept 6 1941 to Sept 6 1941
that I last saw her alive on Sept 6 1941
and that death occurred on the date and hour stated above.

4. Sex FM 5. Color or race white
6. (b) Name of husband or wife James Free Porter
6. (c) Age of husband or wife if alive 1 years
7. Birth date of deceased May 1 1883
(Month) (Day) (Year)

Immediate cause of death
Embolism artery
myocardial infarction
Due to Chronic Endocarditis
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

8. AGE: Years 78 Months 4 Days 5
If less than one day _____ hr. _____ min.

Major findings: 99.1
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

9. Birthplace Batesville Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

MOTHER FATHER
11. Industry or business _____
12. Name Robert M. Henduski
13. Birthplace Jennsville Ohio
(City, town, & county) (State or foreign country)
14. Maiden name Mary Elizabeth Morgan
15. Birthplace Ohio
(City, town, & county) (State or foreign country)

16. (a) Informant: Mrs. R. B. Brown

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 10

17. (a) burial (b) Date thereof Sept. 8 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Middletown, Mo.

18. (a) Signature of funeral director F. W. Kuhne

(b) Address Middletown, Mo.

19. (a) 9/7/41 (b) Leah Rigg
(Date received local registrar) (Registrar's signature)

23. Signature C. J. ... (M. D. or other) _____
Address Middletown, Mo. Date signed 9/7/41

(Licensed Embalmer's Statement on Reverse Side)

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

7000

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, fact should be so stated above.