

No. 2  
1-13-40  
-17-39  
X23159

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED NOV 18 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 35189

Registration District No. 404

Primary Registration District No. 5558

Registrar's No. 82

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Woodsboro Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
8127 Lydia Avenue  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution -----  
In this community Over 25 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town -----  
(If outside city or town limits, write "RURAL")  
(d) Street No. 8127 Lydia Avenue  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? ----- 10 years.

3. (a) PRINT FULL NAME Mr. Earl Waters Porter, Sr.

3. (b) If veteran, name war No 3. (c) Social Security No. 426-09-1571

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

6. (b) Name of husband or wife Mrs. Laura Porter 6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased July (Month) 24 (Day) 1884 (Year)

8. AGE: Years 57 Months 3 Days 15 If less than one day hr. min.

9. Birthplace Hume Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business W. E. Isle Company

12. Name William F. Porter

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

14. Maiden name Alice Hamilton

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

16. (a) Informant Mrs. Laura Porter

(b) Address 8127 Lydia Avenue

17. (a) Burial (b) Date thereof Nov. 10 - 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or crematory Mt. Moriah Cemetery

18. (a) Signature of funeral director W. H. Newcomb's Sons  
(b) Address 1401 Brush Creek Blvd

19. (a) 11-13-41 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month Nov. day 8th year 1941 hour 9 minute 40 A. M.

21. I hereby certify that I attended the deceased from 6/24/41 to 11-8-41, 1941; that I last saw him alive on 11-8-41 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Bladder metastases to

Due to lungs abd wall

Due to and Intestines

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 528

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)

(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 Thos. S. Brown (M. D. or other) 0

Address 600 Prof Bldg Date signed 11/8/41

048  
0  
0  
10

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

(Licensed Embalmer's Statement on Reverse Side)

DEC 6 1944

12:15-1, 2-4

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 *C. Hervey Quisenberry*

Licensed Embalmer No. *4070*

P. O. Address *A. C. Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.