

No. 2
-4-41
17-39
X25300

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35371

FILED NOV 11 1941

Registration District No. 470

Primary Registration District No. 5633

Registrar's No. 143

1. PLACE OF DEATH:

(a) County Lawrence

(b) City or town Mt. Vernon, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Missouri State Sanatorium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 779 days
(Specify whether days, months or years)

In this community 779 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper 027

(c) City or town Boonville
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 16th
year 1941 hour 2:45 minute A M.

21. I hereby certify that I attended the deceased from
August 4th 1939 to October 16th 1941
that I last saw h. er. alive on October 15th 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death
Pulm. & B.C. Duration Abt. 6 yrs

Due to _____

Due to _____

Other conditions
(Include pregnancy within 3 months of death)

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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? _____

(Specify type of place) _____

While at work? _____ (e) Means of injury 0

23. Signature Paul H. Wedin (M. D. or other) _____
Address Mt. Vernon, Mo. Date signed 10-16-41

3. (a) PRINT FULL NAME Elsie H. Porter

3. (b) If veteran, name war. No

3. (c) Social Security No. No

4. Sex Female 3 5. Color or race Black

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased November 20th 1917
(Month) (Day) (Year)

8. AGE: Years 23 Months 11 Days 27 If less than one day _____ hr. _____ min.

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

10. Usual occupation Unemployed

11. Industry or business _____

12. Name Unknown Porter

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

14. Maiden name Ida May Minor

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

16. (a) Informant E. McMichae 1 Record Clerk

(b) Address Missouri State Sanatorium

17. (a) Burial (b) Date thereof Oct. 15/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Boonville City

18. (a) Signature of funeral director L. J. Meister

(b) Address Boonville, Missouri

19. (a) 10-16-1941 (b) P. A. Harnish
(Date received local registrar) (Registrar's signature)

721 (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 67

District File Number 1141-1668

Date Filed NOV 7 1941

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 Laurie Zeland

Licensed Embalmer No. # 1369

P. O. Address Higbee 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, fact should be so stated above.