

No. 2
9-4-41
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

40846

State File No.

FILED JAN - 6 1943

Registration District No. 132

Primary Registration District No. 3021

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Grundy
 (b) City or town TRENTON
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
715 East 8th Court
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
 In this community 56 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Grundy
 (c) City or town TRENTON
 (If outside city or town limits, write "RURAL")
 (d) Street No. 815 East 8th Court
 (If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME Lettie M. Porter

3. (b) If veteran, name war.....
 3. (c) Social Security No. NONE

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife A. W. Porter
 6. (c) Age of husband or wife if alive 57 years
 7. Birth date of deceased March 11, 1886
 (Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|----------|----------------------|
| | <u>56</u> | <u>9</u> | <u>4</u> |hr.min. |

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

10. Usual occupation Housewife

11. Industry or business Home

12. Name GEO SELBY
 13. Birthplace Virginia
 (City, town, or county) (State or foreign country)
 14. Maiden name MARGARET PESTIK
 15. Birthplace Virginia
 (City, town, or county) (State or foreign country)

16. (a) Informant A. W. Porter
 (b) Address Trenton, Mo.

17. (a) Burial (b) Date thereof 12-21-42
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation First Cemetery

18. (a) Signature of funeral director David James

(b) Address Trenton, Mo.

19. (a) 12-16-42 (b) Nada Hoffman
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 15
 year 1942 hour 5:05 minute P M.

21. I hereby certify that I attended the deceased from July, 1942, to Dec 15, 1942
 that I last saw her alive on Dec 15, 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Pancreatitis

Due to 178
 Due to

Other conditions Chronic Cholecystitis
 (Include pregnancy within 3 months of death)

Major findings: Of operations.....
 Of autopsy.....
 PHYSICIAN
 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 MI

23. Signature Wm J. Jenson (M. D. or other) MD
 Address Trenton Mo Date signed 12-16-42

1202

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

Signed *Raymond A. Davis*.....
Licensed Embalmer No. *3424*.....
P. O. Address *Drento, Me.*.....

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.