DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

1285

State File No. 170

Registration District No. 149 JAN 22 1943

Primary Registration District No. 1002

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Josephs Hospital 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 days (Specify whether

In this community 6 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry 42 2

(c) City or town Windsor 0 (If outside city or town limits, write "RURAL")

(d) Street No. 507 S. Tebo (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 1

3. (a) PRINT FULL NAME Charles A. Port

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Male

5. Color or race 0 white

6. (a) Single, widowed, married, divorced 1 married

6. (b) Name of husband or wife Ruth Amyx

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased August 15, 1873 (Month) (Day) (Year)

8. AGE: Years 69 ~~70~~ Months 4 Days ~~24~~ 23 If less than one day hr. min.

9. Birthplace Portage, Wisconsin 1 (City, town, or county) (State or foreign country)

10. Usual occupation Jeweler & Optician

11. Industry or business Retail merchant

FATHER
12. Name Ernest Port
13. Birthplace Germany 4 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Annie Waukeshauser
15. Birthplace Bohemia 8 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. C.A.Port

(b) Address Windsor, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan.10-'43 (Month) (Day) (Year)

(c) Place: burial or cremation Windsor, Missouri

18. (a) Signature of funeral director Huston-Turner

(b) Address Windsor, Mo.

19. (a) 1-12-43 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 8th year 1943 hour 1 minute 45 P.M.

21. I hereby certify that I attended the deceased from JAN 1 1943 to JAN 8 1943 that I last saw h alive on 19 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death DIABETES	2 wks
Due to 61	
Due to	
Other conditions GANGRENE HAND + NECK (Include pregnancy within 3 months of death)	1 wk
CHRONIC NEPHRITIS	1 wk

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature P.C. Livingston M.D. (M. D. or other)

Address 6944 Prospect Date signed Jan 12 '43

(Licensed Embalmer's Statement on Reverse Side)

P.C. Overstreet to
6944 Pinfront 1-4
JA. 4793

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 Ellen M. Huston

Licensed Embalmer No. 3391

P. O. Address Windsor, 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.