

FILED JUN 11 1943
Registration District No. 3

Primary Registration District No. 3031

1. PLACE OF DEATH:

(a) County Jefferson

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

(c) Name of hospital or institution:
Olevia Nurseing Home 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 Weeks
(Specify whether years, months or days)

In this community yes

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson

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

(d) Street No. Route 1
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME James Edward Porter

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male 5. Color or Trace White

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 May 24, 1876
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>66</u>	<u>11</u>	<u>11</u>	hr. _____ min. _____

9. Birthplace Jefferson Co., Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

MOTHER FATHER { 12. Name Watson Porter

{ 13. Birthplace Jefferson Co., Mo.
(City, town, or county) (State or foreign country)

{ 14. Maiden name _____

{ 15. Birthplace ? 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Henry Haas

(b) Address DeSoto Mo R 2

17. (a) Burial (b) Date thereof May 8, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Plattin (Chatter C.)

18. (a) Signature of funeral director Lee Mothershead

(b) Address DeSoto, Mo.

19. (a) 5-10-43 (b) Jerry Spencer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5 year 1943 hour 3 minute _____ PM.

21. I hereby certify that I attended the deceased from Apr - 20 to May 5 1943 and that death occurred on the date and hour stated above.

that I last saw him alive on 5-5 1943

Immediate cause of death Endocarditis - Ch

Due to Syphilis

Other conditions Lacer Dorsalis

Major findings: Of operations 307

Of autopsy _____

Duration ?

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)

23. Signature Chas C. Vallet (M? D. or other) _____

Address DeSoto, Mo. Date signed 5/8/43

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

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.....
.....
working under my personal supervision.

Signed

J. E. Mothershead

Registered Apprentice No.....

Licensed Embalmer No.....

3531

P. O. Address.....

Resoto 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.