

FILED NOV 19 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37462
Registrar's No. 4545

Registration District No. 149 Primary Registration District No. 1002

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

1. PLACE OF DEATH: Jackson

(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 825 West 56th Street /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution XX (Specify whether years, months or days) 26 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 825 West 56th St. 0
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME MRS. JENNIE R. PORTER

3. (b) If veteran, name war XX

3. (c) Social Security No. No

4. Sex Fe 5. Color or race Wh

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

6. (b) Name of husband or wife Joseph F. Porter

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

7. Birth date of deceased July 9 1863
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>80</u>	<u>3</u>	<u>16</u>	hr. min.

9. Birthplace Monticello Iowa /
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

MOTHER FATHER

12. Name Robert P. Henderson

13. Birthplace N. Y. /
(City, town, or county) (State or foreign country)

14. Maiden name Porty Palmer
(City, town, or county) (State or foreign country)

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

16. (a) Informant Joseph F. Porter, Jr.

(b) Address 5318 Locust

17. (a) Burial (b) Date thereof 10-27-43
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director J. W. Wagner

(b) Address Kansas City, Mo.

19. (a) 10-26-43 (b) P. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 25th year 1943 hour 12:00 minute Midnight

21. I hereby certify that I attended the deceased from Oct 24 1943
(C. must register physician 1943) (City or town) (County) (State)

that I last saw her alive on Oct. 25 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy Duration 4 days

Due to Arteriosclerosis hypertension 4 yrs.

Due to 30'

Other conditions
(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

23. Signature Robert P. Moore (M. D. or other) MD

Address 106 W. 14th St. K.C., Mo. Date signed 10-26-43

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..... *A. R. Haenschel*

Licensed Embalmer No. *4159*

P. O. Address *Kansas City 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.