

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

1. PLACE OF DEATH:

(a) County Bates

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

(c) Name of hospital or institution Butler Memorial Hosp.  
(If not in hospital or institution, write street number or location)

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

3. (a) PRINT FULL NAME Elda Kalisty Porter

3. (b) If veteran, name war NO

3. (c) Social Security No. None

4. Sex F

5. Color or race W

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

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

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased. MAY 9 1873  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>70</u>	<u>9</u>	<u>21</u>	.....hr. ....min.

9. Birthplace Fairberry Ill  
(City, town, or county) (State or foreign country)

10. Usual occupation.....

11. Industry or business.....

MOTHER, FATHER {

12. Name Amos Bright

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

14. Maiden name Mary Winch

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

16. (a) Informant Mr. B.F. Porter

(b) Address Amsterdam Mo

17. (a) BURIAL (Burial, cremation, or removal)

(b) Date thereof Jan 2 1944  
(Month) (Day) (Year)

(c) Place: burial or cremation Burial Mt Vernon

18. (a) Signature of funeral director Archer & Mansold

(b) Address Amsterdam Mo

19. (a) Jan 2, 1944 (Date received local registrar)

(b) Pauline Cumpston (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates

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

(d) Street No. Westpoint Twp.  
(If rural, give location)

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

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 30  
year 1943 hour 8:30 minute P.M.

21. I hereby certify that I attended the deceased from Dec 29 1943 to Dec 30 1943  
that I last saw him alive on Dec 30 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death.....

Coronary Occlusion

Due to.....

Coronary Arteriosclerosis

Occlusion

Other conditions (Include pregnancy within 3 months of death).....

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?.....

While at work..... (Specify type of place)

(c) Means of injury.....

23. Signature Carter H. Lutts (M.D. or other) M.D.

Address Butler Mo Date signed 12/30/43

Director of Public Health  
District No. 12-43-1497  
1-7-44

**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 L. G. Mangood  
Licensed Embalmer No. 3610  
P. O. Address Amsterdam 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.**