

Registration District No. 233 Primary Registration District No. 6-813 Registrar's No. 3

1. PLACE OF DEATH
(a) County Montgomery
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 65 years years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Montgomery
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? 3 miles End of Wellbelle (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ROSA LEE PORTER
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 7 day 20
year 1944 hour 8:17 minute _____ M.
21. I hereby certify that I attended the deceased from Jan 13
1944 to 7-20 1944
that I last saw her alive on 7-18 and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, Divorced, widowed
6. (b) Name of husband or wife Wallace Porter 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Nov 24 1865
(Month) (Day) (Year)

Immediate cause of death Cerebral Hemorrhage
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

8. AGE: Years 78 Months 2 Days 26 If less than one day _____ hr. _____ min.

Major findings: g30
Of operations _____
Of autopsy _____
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? _____

9. Birthplace Redsville Calaway Co Mo
(City, town, or county) (State or foreign country)
10. Usual occupation House wife

MOTHER FATHER
11. Industry or business _____
12. Name Andrew Organ
13. Birthplace not known 9
(City, town, or county) (State or foreign country)
14. Maiden name Mary Blackburn
15. Birthplace not known 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs John Reagan
(b) Address Wellbelle Mo
17. (a) Burial (b) Date thereof Feb 21 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Wellbelle Mo
18. (a) Signature of funeral director F W Tubman
(b) Address Wellbelle Mo
19. (a) Feb 24 1944 (b) Mrs Purdie Porter
(Date received local registrar) (Registrar's signature)

23. Signature [Signature] (M. D. or other) _____
Address Wellbelle Mo Date signed 2/24/44

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

RECEIVED
District Health Officer No. 9,
District File Number _____
Date Filed 3-13-44

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 *C. R. [Signature]*

Licensed Embalmer No. 3059

P. O. Address Wellsville 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.