

V. S. No. 2  
DOM-8-43  
Rev. 5-17-39  
F I X37823

23961

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. 167

FILED AUG 19 1944

Registration District No. \_\_\_\_\_

Primary Registration District No. 5000

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

1. PLACE OF DEATH:

(a) County Adair

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

(c) Name of hospital or institution:  
Home--Rural Route No. 2  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
Life

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair

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

(d) Street No. Rural Route No. 2  
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Julia Porter Garth

(b) If veteran, name war \_\_\_\_\_ (c) Social Security No. X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28  
year 1944 hour 12:00 minute \_\_\_\_\_ P: \_\_\_\_\_ M.

4. Sex Female 5. Color or race White

6. (a) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
3 divorced Divorced

7. Birth date of deceased Jan. 13 1880  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 14  
1944 to June 28 1944  
that I last saw h. e. r. alive on June 27 1944  
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>64</u>	<u>5</u>	<u>15</u>	hr. _____ min.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

Due to acute Myocarditis 4 months

Due to auricular fibrillation 10 years

9. Birthplace Kirksville Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Major findings: 93a

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business \_\_\_\_\_

12. Name John L. Porter

13. Birthplace X Penn. 1  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Elizabeth Ivie

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

16. (a) Informant Laura Porter Davis  
(b) Address Kirksville, Mo.

17. (a) Burial (b) Date thereof 6/30/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Cemetery

18. (a) Signature of funeral director [Signature]  
(b) Address Kirksville, Missouri

19. (a) 7-5-44 (b) Mrs. J. C. Wagner  
(Date received local registrar) (Registrar's signature)

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) \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature Howard E. Gross (M. D. or other) D.O.  
Address Kirksville, Mo. Date signed 6-29-44

1049

(Licensed Embalmer's Statement on Reverse Side)

DEC 13 1945

DEC 18 1940

RECEIVED

Sanitary Health Officer No. 10

Index File Number 8-44-1375

FILED AUG 9 1944

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 ~~###~~ *J.E. Riley*.....

Licensed Embalmer No. *4181*.....

P. O. Address *Kentville 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.