

FILED DEC 29 1945

Registration District No. **5-9**

Primary Registration District No. **4105**

Registrar's No. **57**

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

1. PLACE OF DEATH:

(a) County **Lary**
(b) City or town **Peculiar**
(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 **1**
(Specify whether

In this community
years, months or days)

3. (a) PRINT FULL NAME **ELIZABETH GRIFFITH PORTER**

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**

(b) Name of husband or wife **Thomas Porter** 6. (c) Age of husband or wife if alive years

7. Birth date of deceased **June 17 1856**
(Month) (Day) (Year)

8. AGE: Years **89** Months **5** Days **28** If less than one day hr. min.

9. Birthplace **Philadelphia Pa**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business

12. Name **Thomas J. Carbine**

13. Birthplace **Philadelphia Pa**
(City, town, or county) (State or foreign country)

14. Maiden name **Margaret Griffith**

15. Birthplace **Philadelphia Pa**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. H.A. Beverly**

(b) Address **Peculiar, Mo**

17. (a) **Burial** (b) Date thereof **12-19-45**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Peculiar Cemetery**

18. (a) Signature of funeral director **HUNNENBURGER'S**

(b) Address **HARRISONVILLE, MO.**

19. (a) **12-18-45** (b) **Laura J. Jones**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Cass**

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

(d) Street No. **0**
(If rural, give location)

(e) Citizen of foreign country? **0** (Yes or No)

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **15**
year **1945** hour **4:30** minute **0** M.

21. I hereby certify that I attended the deceased from **July 13**
1939 to **December 15**, 19**45**
that I last saw her alive on **December 15**, 19**45**
and that death occurred on the date and hour stated above.

Immediate cause of death **Obstructive pulmonary disease**

Due to **Senility**

Due to

Other conditions **Wenona**
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy **12/10**

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 **Martin V. Robbins** (M. D. or other) **MD**

Address **Peculiar, Mo** Date signed **12/17/45**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 Ernest Memmenburger
Licensed Embalmer No. 3368
P. O. Address Harrisonville, 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.