7. S. No. 2
00M—2-43
ev. 5-17-39
P-I X35697

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

15092

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JUN 12 1946

State File No. 16202

Registration District No. 101 Primary Registration District No. 5413 Registrar's No. 30

1. PLACE OF DEATH:

(a) County Douglas

(b) City or town Ava Rural Walls
(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 years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Douglas 34

(c) City or town Ava Rural 0
(If outside city or town limits, write "RURAL")

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

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

If yes, name country

3. (a) PRINT FULL NAME Neva Ann Porter

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Orba Walker Porter

6. (c) Age of husband or wife if alive 34 years

7. Birth date of deceased January 21, 1919 (Month) (Day) (Year)

8. AGE: Years 27 Months 2 Days 2 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Willie Evans
13. Birthplace Squires, Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Nellie Mcknight
15. Birthplace Squires, Missouri 0 (City, town, or county) (State or foreign country)

16. (a) Informant Amanda Porter
(b) Address R. Ava, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-24-46 (Month) (Day) (Year)
(c) Place: burial or cremation Girdner

18. (a) Signature of funeral director Friends
(b) Address Ava, Mo. Route

19. (a) May 22-46 (Date received by local registrar) (b) Vestal Brahman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23 year 1946 hour 10 minute P M.

21. I hereby certify that I attended the deceased from 2-22, 1946, to 3-23, 1946; that I last saw him/her alive on 3-23-1, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia acute nephritis and Pelumphia

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature D. C. P. Harlan (M. D. or other) M.D.

Address Ava Mo. Date signed 7-27-46

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 646-658
Date Filed JUN 10 1946

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.....

Licensed Embalmer No.....

P. O. Address.....

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.