

FILED SEP 16 1948

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:

(a) County **Jackson**

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

(c) Name of hospital or institution:
3800 Baltimore
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **NO.** (Specify whether years, months or days)

In this community **11 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson** **48**

(c) City or town **Kansas City** **3**
(If outside city or town limits, write "RURAL")

(d) Street No. **3800 Baltimore** **8**
(If rural, give location)

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

If yes, name country **X**

3. (a) PRINT FULL NAME **Mrs. Harriet M. Porter**

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

4. Sex **female** 5. Color or race **white**

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

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

7. Birth date of deceased **May 14 1881**
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **September** day **5**
year **1946** hour **4:00** minute **A.** M.

21. I hereby certify that I attended the deceased from **1940** 19 **Sept 15** 19 **46**
that I last saw her alive on **Sept 1** 19 **46**
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
65	3	21	hr. min.

Immediate cause of death **Pericardial Effusion** **10/1**

Due to **94a**

Other conditions **Coronary Sclerosis** **PHYSICIAN**
(Include pregnancy within 3 months of death)

Major findings:
Of operations **Above findings**

Of autopsy **Above findings**

Underline the cause to which death should be charged statistically.

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

10. Usual occupation **Housewife**

11. Industry or business **X**

MOTHER FATHER { 12. Name **Francis Wiley**

13. Birthplace **Canada** (City, town, or county) (State or foreign country) **2**

14. Maiden name **Anna Scott**

15. Birthplace **Canada** (City, town, or county) (State or foreign country) **2**

16. (a) Informant **Herbert C. Porter**

(b) Address **3800 Baltimore, Kansas City, Mo.**

17. (a) **burial** (b) Date thereof **9-7-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Joseph, Missouri**

18. (a) Signature of funeral director **Stine & McClure**

(b) Address **3235 Gillham Plaza, K. C., Mo.**

19. (a) **9-5-46** (b) **Geraldine Holmes**
(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? _____

While at work? **NO** (e) Means of injury **MSD**

23. Signature **TC me** (M. D. or other) **9/5/46**
Date signed **9/5/46**

Dr. Wm. Ketchum

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 Robert H Reed
Licensed Embalmer No. 3745
P. O. Address K.C. 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.