

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

1. PLACE OF DEATH:

(a) County Moniteau Co

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

(c) Name of hospital or institution:
California, Mo. Star Rt
(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 Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau

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

(d) Street No. California, Mo. Star Rt
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME John Roy Porter

3. (b) If veteran, name war War # 1

3. (c) Social Security No. NO

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Feb 11 1895
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>51</u>	<u>11</u>	<u>28</u>	hr. _____ min. _____

9. Birthplace Moniteau Co (City, town, or county) Mo (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Ebenezer Porter

13. Birthplace Iowa
(City, town, or county) (State or foreign country)

14. Maiden name Minnie Rackers

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

16. (a) Informant Oscar L. Pochar

(b) Address California, Mo. Star Rt

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 11, 1947
(Month) (Day) (Year)

(c) Place: burial or cremation Union Cemt

18. (a) Signature of funeral director Bowlin Funeral Home

(b) Address California, Mo.

19. (a) 2/11/47 (Date received local registrar) (b) C. H. Nail (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 8
year 1947 hour 11/40 minute A M.

21. I hereby certify that I attended the deceased from Feb 8 1947 to Feb 8 1947
that I last saw him alive on Feb. 6 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchitis (Chronic) Duration 6 years.

Due to _____

Due to _____

Other conditions 106 B
(Include pregnancy within 3 months of death)

Major findings: 106 B

Of operations _____

Of autopsy _____

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? 21

While at work? Yes (Specify type of place) (e) Means of injury? _____

23. Signature [Signature] (M., D., or other) Mo
Address California, Mo. Date signed 2/10/47

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MAY 13 1971

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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed Earl R. Boulton

Licensed Embalmer No. 2126

P. O. Address California, 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.