S. No. 2
—11-10-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 14 1947

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8260

Registration District No. 59 | Primary Registration District No. 5224 | Registrar's No. 59

1900

1. PLACE OF DEATH:

(a) County Cass

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

(c) Name of hospital or institution: 3
(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 Bates

(c) City or town Adrian
(If outside city or town limits, write "RURAL") 1

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

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Lulu Pearl Porter

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex Female

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 March (Month) 9 (Day) 1868 (Year)

8. AGE: Years 79 Months 0 Days 26 If less than one day hr. min.

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

10. Usual occupation Housework

11. Industry or business

FATHER
12. Name David Porter
13. Birthplace Jefferson Co. (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Sarah Bailey
15. Birthplace Jefferson Co. (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs. Orpha L. Robinson.

(b) Address Adrian Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 4-7-47 (Month) (Day) (Year)

(c) Place: burial or cremation Crescent Hill Cem.

18. (a) Signature of funeral director Heath & Six

(b) Address Adrian Mo.

19. (a) 4-8-1947 (Date received local registrar) (b) Laura J. Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 5 year 1947 hour 10 minute P. M.

21. I hereby certify that I attended the deceased from Feb. 22, 1947, to Apr. 4, 1947, that I last saw her alive on April 4, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia — Duration

Complicating influenza (Bronchial pneumonia)

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature E. E. Robinson (M. D. ~~or other~~)

Address Adrian, Mo. Date signed 4-7-47

51 (Licensed Embalmer's Statement on Reverse Side)

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

& Fred T.Creath #3343, Registered Apprentice No.,

working under my personal supervision.

Signed

Licensed Embalmer No. 3650

P. O. Address Adrian 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, above space should be left blank.