S. No. 2
M—2-43
. 5-17-39
I X35897

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 8 1947

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30717

Registration District No. 23 Primary Registration District No. 3014 Registrar's No. 59

1. PLACE OF DEATH:

(a) County Clay

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

(c) Name of hospital or institution: None Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 26 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay 24

(c) City or town Liberty 2
(If outside city or town limits, write "RURAL")

(d) Street No. 1034 E. Mill 1
(If rural, give location)

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

If yes, name country ✓

3. (a) PRINT FULL NAME EDWARD RICHARD PORTWOOD

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Male 0

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 July (Month) 29 (Day) 1921 (Year)

8. AGE: Years 26 Months 1 Days 14 If less than one day hr. min.

9. Birthplace Liberty (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation ✓

11. Industry or business

FATHER
12. Name Edward R. Portwood 1
13. Birthplace (City, town, or county) Ky (State or foreign country)

MOTHER
14. Maiden name Sadie Bell Munkres 1
15. Birthplace Missouri City Mo (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Sadie Bell Portwood
(b) Address 1034 E. Mill Liberty Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 15 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Fairview Liberty, Mo

18. (a) Signature of funeral director Church Archer
(b) Address Liberty, Mo

19. (a) Sept 15 1947 (Date received local registrar) (b) Minnie Haynes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 13
year 1947 hour 3 minute 30 P M.

21. I hereby certify that I attended the deceased from many yes 19 to 19;
that I last saw him alive on Sept 9 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Inanition in our individual without	
~~Due to~~ Mental ability.	
Due to ~~Hor~~ An idiot	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

84B

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? 0
(Specify type of place)

While at work? (e) Means of injury

23. Signature Wm H Goodson (M. D. or other)

Address Liberty Mo Date signed 9/15/47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 10-6-49

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 Harold G. Smith, Registered Apprentice No. 33, working under my personal supervision.

Signed John G. Lonberg
Licensed Embalmer No. 4448
P. O. Address Liberty 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.