. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9143

FILED MAR 29 1948

Registration District No. 155 Primary Registration District No. 3127 Registrar's No. 28

49
6
2

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

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Webb City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 524 S. DEVON
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 43 Yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper 49
(c) City or town Webb City 6
(If outside city or town limits, write "RURAL")
(d) Street No. 524 S. Devon 2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME William H. Porter Henry

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Ellen Porter

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

7. Birth date of deceased July (Month) 19 (Day) 1875 (Year)

8. AGE: Years 72 Months 6 Days 26 If less than one day hr. min.

9. Birthplace Fayetteville, Tenn. (City, town, or county) (State or foreign country)

10. Usual occupation Minister

11. Industry or business

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

MOTHER
14. Maiden name Eudora Seaton
15. Birthplace Tenn. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ellen Porter
(b) Address 524 S. Devon, Webb City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 17, 48 (Month) (Day) (Year)
(c) Place: burial or cremation Carterville Cem.

18. (a) Signature of funeral director JOHNSTON-ARNCE-SIMPSON MORTUARY
(b) Address 26 S. Roane-Webb City, Mo.

19. (a) FEB. 17; 1948 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 15
year 1948 hour 12:30 minute A. M.

21. I hereby certify that I attended the deceased from Did Not Attend 19 ; that I last saw him alive on 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary

Due to Occlusion

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause of 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 [signature] (M. D. or other) Do
Address 2114 Joplin Date signed 2/14/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side) JOPLIN, MO

48-2-161

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 Jack C. Simpson, Registered Apprentice No. 38, working under my personal supervision.

Signed Harvey E. Grace

Licensed Embalmer No. 4463

P. O. Address Weld City, 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.