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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 25 1948

Registration District No. 11

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5041

State File No. 28822

Registrar's No.

**1. PLACE OF DEATH:**

(a) County Barry

(b) City or town "RURAL" Flat Creek TWP.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
4 mi SE of Cassville /
(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 65 yrs.

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Barry 5

(c) City or town "RURAL" Flat Creek Twp. 0
(If outside city or town limits, write "RURAL")

(d) Street No. 4 mi SE of Cassville 0
(If rural, give location) 0

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

If yes, name country -----

3. (a) PRINT FULL NAME George Alexander PORTER

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M 0

5. Color or race W

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

6. (b) Name of husband or wife Mary E. Porter

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased February (Month) 20, (Day) 1873 (Year)

8. AGE: Years 75 Months 6 Days 19 If less than one day -- hr. --- min.

9. Birthplace Carrol Co., (City, town, or county) Ark. / (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farm

FATHER
12. Name Wm. Sanford S. Porter /
13. Birthplace (City, town, or county) Tenn. / (State or foreign country)

MOTHER
14. Maiden name Caroline J. Bowles /
15. Birthplace (City, town, or county) Tenn. / (State or foreign country)

16. (a) Informant Mr. Sam Porter
(b) Address RFD; Cassville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-11-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Corinth Cemetery

18. (a) Signature of funeral director Koon Funeral Home
(b) Address Cassville, Missouri

19. (a) Sep 18-1948 (Date received by local registrar) (b) Grace Williams (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Sept. day 9th. year 1948 hour Approx. 11: minute 00 A.M.

21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....;
that I last saw h..... alive on ....., 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death Apparently a Heart Attack

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 95C

Of autopsy

Duration

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) 5

While at work? (e) Means of injury

23. Signature J. D. Buchanan Coroner (M. D. or other)

Address Monett, Mo Date signed 9-9-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District ... 948-1066
Date ... SEP 23 1948

OCT ... 1948

## 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 J. C. Canada

Licensed Embalmer No. 4196

P. O. Address: Cassville, 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.**