

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. 307

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 105

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Chariton</u>	
b. CITY OR TOWN <u>St Joseph</u>	c. LENGTH OF STAY (in this place) <u>5 days 10 hrs 30 min</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Brunswick</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital # 2</u>		d. STREET ADDRESS (If rural, give location) <u>?</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>JANE</u> b. (Middle) <u>—</u> c. (Last) <u>PORTER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>January 23, 1949</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Black</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>Unknown</u>	9. AGE (In years last birthday) <u>82</u> ? ? ? ? ? ?	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>servant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Unknown</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Unknown</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>none</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Sarah Porter, Brunswick Mo.</u>	ADDRESS <u>Brunswick Mo.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chr Myocarditis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>7 yrs</u> <u>1942</u>	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from Jan 1, 1949, to Jan 23, 1949, that I last saw the deceased alive on Jan 23, 1949, and that death occurred at 8:35 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Albert H. Almeida M.D.</u>	23b. ADDRESS <u>State Hospital #2 St Joseph Mo</u>	23c. DATE SIGNED <u>1/23/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>1/23/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Not stated</u>	24d. LOCATION (City, town, or county) (State) <u>Brunswick, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Jan 25, 1949</u>	REGISTRAR'S SIGNATURE <u>G. G. Jenkins</u> 382	25. FUNERAL DIRECTOR'S SIGNATURE <u>Heaton Burman</u>	ADDRESS <u>St Joseph, Mo.</u>
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No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed..... *William Guldin*

Signed.....
Student Embalmer

Licensed Embalmer No. *4535*

P. O. Address *319 S. 10th St. St. Joseph, 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.