

FILED APR 19 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13075
1627

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE Missouri b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY	
c. LENGTH OF STAY (In this place) 7 mos		d. STREET ADDRESS (If rural, give location) 4720 DENVER AVENUE	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 4720 Denver Avenue			

3. NAME OF DECEASED (Type or Print) a. (First) Anna b. (Middle) E. c. (Last) Porter			4. DATE OF DEATH (Month) (Day) (Year) April 8 1952		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH April Unknown		9. AGE (In years last birthday) 87		10. UNDER 1 YEAR Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____		10b. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (City and State or Foreign Country) Morgan Co. Mo.	
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME Truston Fisher		13b. MOTHER'S MAIDEN NAME Mary Hall	
14. NAME OF HUSBAND OR WIFE Perry Porter		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME EMMETT PORTER		ADDRESS 4720 DENVER KANSAS CITY, Mo.			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Medical Certification		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatous Intestinal		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Fract		DUE TO (b) _____	
		DUE TO (c) _____		DUE TO (d) _____	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Treated at Cancer Hosp		153X	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify) natural		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____	
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? _____	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 10:30 P m., from the causes and on the date stated above.					
23a. SIGNATURE Hugh A Owens (Degree or title) _____			23b. ADDRESS 1034 Pine St. Bldg.		23c. DATE SIGNED 4-9-52
24a. RITUAL CREMATION (REMOVAL) (Specify) BURIAL		24b. DATE APR 9 1952		24c. NAME OF CEMETERY OR CREMATORY _____	
24d. LOCATION (City, town, or county) (State) TIPTON MISSOURI		25. FUNERAL DIRECTOR'S SIGNATURE D. W. Newcomer's Sons		ADDRESS 1331 BASH CREEK KANSAS CITY, MO.	

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

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.

Student
Student Embalmer

Signed Chas. Haines

Licensed Embalmer No. 2640

P. O. Address Kansas 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.