

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
APR 1 2 1940
89

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10323
Registrar's No. 60

Registration District No. _____ Primary Registration District No. 3007

1. PLACE OF DEATH:
(a) County Butler
(b) City or town Poplar Bluff, Mo.
(c) Name of hospital or institution: 215 Harper
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days 2 1/2

8. (a) PRINT FULL NAME Virginia Ruth Porter
3. (b) If veteran, name war _____ 8. (c) Social Security No. _____
4. Sex F 5. Color or race W 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 18, 1924
(Month) (Day) (Year)

8. AGE: Years 15 Months 7 Days 16
If less than one day _____ hr. _____ min.

9. Birthplace Poplar Bluff, Mo.
(City, town, or county) (State or foreign country)
10. Usual occupation School

11. Industry or business _____
12. Name Frank Porter
13. Birthplace Butler Co. Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Ellen Huskey
15. Birthplace Laclede Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Frank Porter
(b) Address Poplar Bluff, Mo.
17. (a) Burial (b) Date thereof March 6, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Bay Springs Cem.
18. (a) Signature of funeral director Greer-Croy Service
(b) Address Poplar Bluff, Mo.
19. (a) 3/6/40 (b) Ch. Lutzinger
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Butler
(c) City or town Poplar Bluff,
(If outside city or town limits, write "RURAL")
(d) Street No. 215 Harper
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 4
year 1940 hour 8:15 minute A M.
21. I hereby certify that I attended the deceased from Feb 8th, 1940 to Mar 4th, 1940
that I last saw her alive on Mar 3rd, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Pericarditis Duration 2/18/40
Due to Subacute Endocarditis 1/19/40
Due to Acute Tonsillitis 1938
Acute Rheumatic Endocarditis 1938
Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: MI
Of operations _____
Of autopsy _____
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? _____
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature Ch. Lutzinger (M. D. or other) M.D.
Address Poplar Bluff, Mo. Date signed 3/8/40

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.