S. No. 2
—4-13-40
5-17-39
I X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

31272

State File No. 1

FILED OCT 11 1940

Registration District No. 13 Primary Registration District No. 5017 Registrar's No. 36

1. PLACE OF DEATH:

2 (a) County Andrew

(b) ~~City or town~~ Rural - Jefferson Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 (Specify whether
In this community 21 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrew

(c) City or town Rural # 3
(If outside city or town limits, write "RURAL")

0 (d) Street No. Jefferson Township
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME WILLIAM DILLARD PORTWOOD

3. (b) If veteran, name war Spanish Americ. 3. (c) Social Security No. none

4. Sex male 5. Color or race W 6. (a) Single, widowed, married, divorced married

6. (b) Name of ~~husband~~ or wife Ida Portwood 6. (c) Age of ~~husband~~ or wife if alive 53 years

7. Birth date of deceased November 1, 1880
(Month) (Day) (Year)

8. AGE: Years 59 Months 10 Days 5 If less than one day hr. min.

9. Birthplace Clinton Tenn. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Painting Contractor 1

11. Industry or business 1

FATHER
12. Name John Portwood
13. Birthplace Clinton, Tenn.
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Alice Caker Portwood
15. Birthplace Clinton, Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Dillard Portwood
(b) Address R.R.#3 St. Joseph, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 9-8-40
(Month) (Day) (Year)

(c) Place: burial or cremation Fairview

18. (a) Signature of funeral director Fleeman & Son, Inc.
(b) Address 1946 Colhoun Street

19. (a) Sept 7-1940 (Date received local registrar) (b) Mrs Jennie Rash (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 6
year 1940 hour 3 minute 5 A M.

21. I hereby certify that I attended the deceased from Mar - 6, 1939, to Sept - 6, 1940
that I last saw him alive on Sept - 2 - 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Aneurism of Transverse Aorta

Due to Lues

Due to 34

Other conditions Ulcer of Stomach
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

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?
9 34 (Specify type of place)
While at work? (e) Means of injury

23. Signature T. R. Howden (M. D. or other) M D
Address 620 Francis St Date signed 9-6-40

(Licensed Embalmer's Statement on Reverse Side)

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 Leo C. Daniel

Licensed Embalmer No. 3300

P. O. Address St Joseph

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.