

STANDARD CERTIFICATE OF DEATH

State File No. 3222B

Registration District No. 400

Primary Registration District No. 55522

Registrar's No. 178

FILED OCT 18 1940

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

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Paris, Mo  
(c) Name of hospital or institution: Jackson County Home Health Care  
(d) Length of stay: In hospital or institution 11 days 3  
In this community 16 years

3. (a) PRINT FULL NAME Mary Leonard Porter

3. (b) If veteran, name war — (c) Social Security No. —

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife — 6. (c) Age of husband or wife if alive — years

7. Birth date of deceased Aug 17 1883

8. AGE: Years 57 Months 1 Days 8 If less than one day hr. — min. —

9. Birthplace No record Georgia

10. Usual occupation Housewife

11. Industry or business at home

12. Name No record

13. Birthplace No record

14. Maiden name No record

15. Birthplace No record

16. (a) Informant W. H. McEnty

(b) Address Little Blue, Mo

17. (a) Burial (b) Date thereof 9/28/40

(c) Place: burial or cremation Woodlawn Cem.

18. (a) Signature of funeral director George C. Carson

(b) Address Independence, Mo

19. (a) 9/28/40 (b) John S. Jones

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Independence  
(d) Street No. 1410 Harris Ave  
(e) If foreign born, how long in U. S. A. ? — years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 25 year 1940 hour 5 minute — M.

21. I hereby certify that I attended the deceased from Sept 14 1940 to Sept 25 1940 that I last saw him alive on Sept 23 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 4 days

Due to Hypertension

Other conditions 82 yr

Major findings: Of operations —

Of autopsy —

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? —

(d) Did injury occur in or about home, on farm, in industrial place, in public place? —

Signature W. H. McEnty (Specify type of place) Little Blue

Address Little Blue (M, D, or other) Sept 25-40

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 Ralph E Miller  
Licensed Embalmer No. 4124  
P. O. Address 3rd St Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.