

Registration District No. 547

Primary Registration District No. 3079

Registrar's No. 262

1. PLACE OF DEATH:

(a) County Marion
 (b) City or town Rural Hannibal
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Elizabeth Hospital
(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)

3. (a) PRINT FULL NAME Ella Porter

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

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

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

7. Birth date of deceased April 22 1892
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>48</u>	<u>4</u>	<u>14</u>	hr. _____ min. _____

9. Birthplace Henry County Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER {
 12. Name George Large
 13. Birthplace Payson Ill.
(City, town, or county) (State or foreign country)
 14. Maiden name Mary Payton
 15. Birthplace Adams County Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant Walter M Porter
 (b) Address R.R. #3

17. (a) Burial (b) Date thereof Sept 7 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Grand View Burial Park

18. (c) Signature of funeral director J. J. [Signature]

(b) Address Hannibal, Mo.

19. (a) 9-6-40 (b) W. C. Fisher
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion
 (c) City or town Rural
(If outside city or town limits, write "RURAL")
 (d) Street No. R.R. #3 Hannibal
(If rural, give location)
 (e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 5
 year 1940 hour 2 10 a. m. _____ M.

21. I hereby certify that I attended the deceased from June 20 1940 to Sept. 5 1940
 that I last saw her alive on Sept. 5 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death _____

Coronary Thrombosis

Due to Pernicious anemia

Due to Chronic nephritis

Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings: _____
 Of operations 1/2
 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?

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

23. Signature B. L. Murphy (M. D. XXXX)
 Address Hannibal, Mo. Date signed 9/8/40

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

EXPIRES OCT 18 1940

7-39
X21492

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 Harold C. Donald

Licensed Embalmer No. 3889

P. O. Address Harold C. Donald

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.