

NOV 15 1940
26

Registration District No. _____ Primary Registration District No. 3002

1. PLACE OF DEATH:
(a) County Audrain
(b) City or town Mexico
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
King's Daughters Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 17 years 3
(Specify whether years, months or days)

8. (a) PRINT FULL NAME Mayme Porter
8. (b) If veteran, name war _____ 8. (c) Social Security No. None

4. Sex Female 5. Color or race White 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 April 16 1856
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>84</u>	<u>5</u>	<u>21</u>	hr. _____ min.

9. Birthplace Clarksville Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business _____

MOTHER FATHER
12. Name J. M. Porter
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Mary Booth
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. C. O. Arnold
(b) Address Mexico, Mo.

17. (a) Burial (b) Date thereof 10, 9, 40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Clarksville, Mo.

18. (a) Signature of funeral director Earl E. Puskar
(b) Address Mexico, Mo.

19. (a) Oct 7-1940 (b) Blanche Kelly
(Date received local registrar) (Registrar's signature)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 7
year 1940 hour 5 52 minute _____ P. M.
21. I hereby certify that I attended the deceased from April 29-40
_____ 19____ to Oct 7 19____
that I last saw her alive on Sept 30 19____
and that death occurred on the date and hour stated above.

Immediate cause of death
Chronic degenerative mesenteric
hypostatic pneumonia Bronchial
Due to Generalized arteriosclerosis
Senility
Duration unknown
Other conditions (include pregnancy within 3 months of death)
fracture of hip - April 29-40

Major findings:
Of operations None
Of autopsy None
PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following: None
(a) Accident, suicide, or homicide (specify) road accident
(b) Date of occurrence April 29-1940
(c) Where did injury occur freeway (City or town) (County) (State)
King's Daughters Home
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
King's Daughters Home (Specify type of place) fall down
While at work? no (e) Means of injury _____
28. Signature Harry F. O'Brien (M. D. Registrar)
Address Mexico Mo Date signed Oct 8-40

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.

RECEIVED

District Health Officer No. 10

District File Number 11-40-2082

Date Filed NOV. 8 1940

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.....

Earl E. Precht

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Earl E. Precht

Licensed Embalmer No. 3189

P. O. Address Mexico, 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, above space should be left blank.