

BUREAU OF THE CENSUS

JAN 13 1941

Registration District No. 282

Primary Registration District No. 4166

State File No.

Registrar's No. 87

1. PLACE OF DEATH:

- (a) County Waukegan
 (b) City or town Campbell
 (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 _____ (Specify whether

In this community Lifes _____ (Specify whether
years, months or days) 20

3. (a) PRINT

FULL NAME

Ethan Owen Porter

3. (b) If veteran,

name war

3. (c) Social Security

No. 4. Sex Male5. Color or
race w6. (a) Single, widowed, married,
divorced Married

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if

alive 40 years7. Birth date of deceased Nov 10 1892

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

45118

hr.

min.

9. Birthplace Campbell Mo

(City, town, or county)

(State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____

12. Name Chas E. Porter 113. Birthplace Ill 1

(City, town, or county)

(State or foreign country)

14. Maiden name Rebecca Hughes15. Birthplace Ill

(City, town, or county)

(State or foreign country)

16. (a) Informant Chas E. Porter(b) Address Campbell17. (a) Burial (b) Date thereof Dec 30 1940

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Cem18. (a) Signature of funeral director Lander Funeral Home(b) Address Campbell Mo19. (a) Dec 28 1940 (b) E W Sanders

(Date received local registrar)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Waukegan(c) City or town Campbell
(If outside city or town limits, write "RURAL")(d) Street No. ✓ (If rural, give location)(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 28year 1940 hour 2 minute 20 A. M.21. I hereby certify that I attended the deceased from Nov6 1940 to Dec 28 1940that I last saw him alive on Dec 27 1940

and that death occurred on the date and hour stated above.

Immediate cause of death

Coronary Heart Disease

Duration

Due to _____

Due to 1940

Other conditions _____

(Include pregnancy within 3 months of death)

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? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 256

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature John L Brown (M. D. or other) 1

Address _____ Date signed _____

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 2

File Number 141-21

Date 1/21/54

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, fact should be so stated above.