

JAN 21 1946
Registration District No. 6 + 5

Primary Registration District No. 43295804 Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County New Madrid

(b) City or town Parma
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution 7 yrs (Specify whether years, months or days) 2

In this community 7 yrs (Specify whether years, months or days) 2

3. (a) PRINT FULL NAME John William Porter

3. (b) If veteran, name war ✓

3. (c) Social Security No. _____

4. Sex Male

5. Color or race white

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Alice Porter

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

7. Birth date of deceased Dec. 5 1895
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>65</u>	<u>0</u>	<u>1</u>	hr. _____ min.

9. Birthplace Cadillac Mich
(City, town, or county) (State or foreign country)

10. Usual occupation City Marshal

11. Industry or business _____

MOTHER FATHER { 12. Name Robert A. Porter

13. Birthplace unknown
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Vanmeter

15. Birthplace Cadillac Mich
(City, town, or county) (State or foreign country)

16. (a) Informant Maggie Porter

(b) Address Parma Mo

17. (a) Burial (b) Date thereof Dec 9-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sibleton Mo

18. (a) Signature of funeral director Walker J. Misurong

(b) Address Parma Mo

19. (a) 1/2/46 (b) Dr. C. C. ...
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid

(c) City or town Parma, Missouri
(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. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 6
year 1946 hour 10 minute 30 P. M.

21. I hereby certify that I attended the deceased from Nov. 5
_____ 1946 to Dec. 6 1946;
that I last saw him alive on Nov 6 at 7 P. M. 1946;
and that death occurred on the date and hour stated above.

Immediate cause of death Pleurocy Effusion of right lung

Due to embolism

Other conditions 110
(Include pregnancy within 3 months of death)

Duration N.K.

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: Of operations ✓

Of autopsy _____

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

23. Signature Edward Ford (M. D. _____)

Address Parma, Mo Date signed 12-9-46

RECEIVED

District Health Officer No. _____

District File Number 141-53

Date Filed 1/9/41

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 _____

Virgil H. Kelch _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Virgil H. Kelch _____

Licensed Embalmer No. 4102

P. O. Address Deerfield, Mass.

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.