

No. 2
-11-10-39
5-17-39
-1 X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

5777

MAR 14 1941
Registration District No. 299

Primary Registration District No. 1002

State File No. _____
Registrar's No. 549

48
3
8
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: 2527 Montgall
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no
(Specify whether)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Thaddeus E. Porter

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex m

5. Color or race w

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

6. (b) Name of husband or wife unknown

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

7. Birth date of deceased April 1 1859
(Month) (Day) (Year)

8. AGE:	Year <u>83</u>	Months <u>10</u>	Days <u>4</u>	If less than one day hr. _____ min _____
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9. Birthplace Fulton no Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman Cretina

11. Industry or business Tobacco

MOTHER FATHER

12. Name John M. Porter

13. Birthplace Fulton no Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Jane M. Porter

15. Birthplace Fulton Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Chas. E. Porter

(b) Address 2527 Montgall

17. (a) burial **(b) Date thereof** 2-8-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Poppeka, Kans.

18. (a) Signature of funeral director W. J. Zimmerman

(b) Address J.E. Mo.

19. (a) 2/7/41 **(b)** B. M. Crow
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Jackson

(c) City or town J.E.
(If outside city or town limits, write "RURAL")

(d) Street No. 2527 Montgall
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 5
year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Jan
30, 1941, to Feb 5, 1941
that I last saw him alive on Feb 5, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia

Due to Senility etc

Due to _____

Other conditions 107
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations _____

Of autopsy No

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury 0

23. Signature James T. Ferguson (M. D. or other) _____

Address 1410 Bryant Date signed _____

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.....

Francis Walton

Registered Apprentice No. *2744*

working under my personal supervision.

Signed *J. H. Robinson*

Licensed Embalmer No. *2744*

P. O. Address *A. P. 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.