

No. 2
4-13-40
5-17-39
P X23159

Registration District No. 398 Primary Registration District No. 5554

1. PLACE OF DEATH:
(a) County Jackson Mo
(b) City or town Jackson Mo
(c) Name of hospital or institution: 11427 E 16th
(d) Length of stay: In hospital or institution 30 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson Mo
(c) City or town Rural Independence
(d) Street No. 11427 E 16th
(e) If foreign born, how long in U. S. A. No years

3. (a) PRINT FULL NAME Arthur Marion Porter
3. (b) If veteran, name war No
3. (c) Social Security No. No

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Apr day 25 year 1941 hour 2 minute 30 P. M.
21. I hereby certify that I attended the deceased from Jan 21, 1941, to Apr 24, 1941; that I last saw him alive on Apr 24 and that death occurred on the date and hour stated above.

4. Sex Male
5. Color or race Wh
6. (a) Single, widowed, married, divorced Married
6. (c) Age of husband or wife if alive 51 years
7. Birth date of deceased Oct 20 1886

Immediate cause of death: Chronic myocarditis
Due to: A.I.
Other conditions: (Include pregnancy within 3 months of death)
Major findings: None done
Of operations: None done
Of autopsy: None done

8. AGE: Years 84 Months 6 Days 5

9. Birthplace Romack Mo

10. Usual occupation Custodian
11. Industry or business School

MOTHER FATHER {
12. Name Elijah Porter
13. Birthplace N.Y.
14. Maiden name Ruthanna Robinson
15. Birthplace N.Y.

16. (a) Informant Mrs Ruby Porter
(b) Address 11427 E 16th

17. (a) Burial (b) Date thereof 4/27/41
(c) Place: burial or cremation Des Moines Mo

18. (a) Signature of funeral director George C. Carlson
(b) Address Independence Mo

19. (a) April 27 41 (b) F. L. Cook Mo
(Date received local registrar) (Registrar's signature)

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(e) Means of injury
23. Signature Thuseed (M. D. or other) P.D.
Address Independence Mo Date signed 4-26-41

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

800

R. Stenhouse

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.

Signature *Lloyd C. Lawson*
Licensed Embalmer No. *4199*
P. O. Address *Independence*

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.