

FILED MAY 14 1941

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S. No. 2
-11-10-39
5-17-39
I X21492DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 877Primary Registration District No. 6163

Registrar's No. _____

1. PLACE OF DEATH:

- (a) County Vernon
 (b) City or town Harwood Bacon
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Home
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution (Specify whether
 In this community 20 years (Specify whether
 years, months or days)

3. (a) PRINT FULL NAME Susan Porter3. (b) If veteran, name war 3. (c) Social Security No. None4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow6. (b) Name of husband or wife K 6. (c) Age of husband or wife if alive years7. Birth date of decease April 29 1860
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
80 11 24 hr. min.9. Birthplace Kentucky
(City, town, or county) (State or foreign country)10. Usual occupation Homekeeper11. Industry or business -12. Name A. F. Cope13. Birthplace unknown N. Carolina
(City, town, or county) (State or foreign country)14. Maiden name Sarah Dalton
15. Birthplace Virginia
(City, town, or county) (State or foreign country)16. (a) Informant Mrs. Lena Charles(b) Address Harwood, Mo.17. (a) Burial (b) Date thereof Apr 23 1941
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Newton Burial Park18. (a) Signature of funeral director Maya Funeral Service(b) Address Nevada, Mo.19. (a) 4-23-41 (b) Charles H. Hager
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Vernon
 (c) City or town Walker
 (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 April day 21
year 1941 hour 2 minute 10 P.M.21. I hereby certify that I attended the deceased from April 12
1941, to April 21, 1941
that I last saw her alive on April 12, 1941
and that death occurred on the date and hour stated above.Immediate cause of death Chronic Endometritis gross
DurationDue to AbnormalitiesDue to 3418Other conditions C. B. Davis
(Include pregnancy within 3 months of death)Major findings: C. B. Davis PHYSICIAN

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?
897
 (Specify type of place) (e) Means of injury _____

23. Signature C. B. Davis (M. D. or other) DAddress Walker, Mo. Date signed 4/21-41

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

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RECEIVED

District Health Officer No. 7,

District File Number 5-41-857

Date Filed 5-12-41

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Allen E. Lays

Licensed Embalmer No. 1968

P. O. Address Nevada 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.