

2  
13-40  
7-39  
X23159

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 24907

Dr. Gillham  
Registration District No. 213

Primary Registration District No. 3014

Registrar's No. 219

1. PLACE OF DEATH:

(a) County Cole

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

(c) Name of hospital or institution:  
St. Mary's Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 35 years 0 (Specify whether  
years, months or days)

3. (a) PRINT FULL NAME Marcella A. Porth

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: June 2 1900  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>41</u>	<u>1</u>	<u>27</u>	hr. min.

9. Birthplace Westphalia, Missouri 0  
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business \_\_\_\_\_

12. Name Charles Porth

13. Birthplace Westphalia, Missouri 0  
(City, town, or county) (State or foreign country)

14. Maiden name Martha Huber

15. Birthplace Osage C. unty, Missouri 0  
(City, town, or county) (State or foreign country)

16. (a) Informant Helen W. Porth

(b) Address Jefferson City, Missouri

17. (a) Burial (b) Date thereof July-30-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Westphalia, Missouri

18. (a) Signature of funeral director Thos. J. Godon

(b) Address Jefferson City, Missouri

19. (a) 7/30/41 (b) \_\_\_\_\_ (Registrar's signature)  
(Date received local registrar)

2. USUAL RESIDENCE OF DECEASED: 026

(a) State Missouri (b) County Cole 5

(c) City or town Jefferson City, Missouri 4  
(If outside city or town limits, write "RURAL")

(d) Street No. 215 Swifts Highway  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29  
year 1941 hour 1 minute 00 P. M.

21. I hereby certify that I attended the deceased from 7-19, 1941, to 7-29, 1941;  
that I last saw her alive on 7-29, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death: Bronchopneumonia 2 days

Due to acute pneumonia 1 day

Due to acute pneumonia 1 day

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations: \_\_\_\_\_

Of autopsy: \_\_\_\_\_

Duration

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Dr. Gillham (M. D. or other) 0

Address Jefferson City Mo Date signed 7-30-41

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

6  
5  
4

JUN 5 1946

**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.....

.....  
working under my personal supervision.

..... Registered Apprentice No. ....

Signed: *Thos J. Gordon*

Licensed Embalmer No. *1286*

P. O. Address. *Jefferson City Mo*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**