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23159

FILED OCT 16 1941

4114

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH: *Clark, Mo.*

(a) County *Clark*

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

(c) Name of hospital or institution: *1*
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution *Entire life.* (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State *Missouri* (b) County *Clark*

(c) City or town *Luray, Mo. 23*
(If outside city or town limits, write "RURAL")

(d) Street No. *0*
(If rural, give location) *0*

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

3. (a) PRINT FULL NAME *Lucy Ann Porter*

3. (b) If veteran, name war: _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *Sept* day *10th*
year *1941* hour *3 PM* minute _____ M.

21. I hereby certify that I attended the deceased from *1936*
to 19____ to *1941* 19____
that I last saw her alive on *Sept 1* 19____
and that death occurred on the date and hour stated above.

4. Sex *Female* 5. Color or race *White*

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

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

7. Birth date of deceased *April 8 1864*
(Month) (Day) (Year)

Immediate cause of death *Coronary Thrombosis*

Due to _____

Due to *94a*

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

8. AGE: Years Months Days If less than one day

77 5 3 hr. _____ min.

9. Birthplace *Luray Mo*
(City, town, or county) (State or foreign country)

10. Usual occupation *Retired*

PHYSICIAN

Major findings: _____

Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

MOTHER { 12. Name *Alexander Porter*

FATHER { 13. Birthplace *Chambersburg, Pa. 1*
(City, town, or county) (State or foreign country)

MOTHER { 14. Maiden name *Mary Thompson*

FATHER { 15. Birthplace *Luray Mo*
(City, town, or county) (State or foreign country)

16. (a) Informant *Mrs. H. F. Kitcher*

(b) Address *Wayland, Mo.*

17. (a) *Burial* (b) Date thereof *Sept 13 - 1941*
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation *Thompson Cemetery*

18. (a) Signature of funeral director *H. F. Kitcher*

(b) Address *Wayland, Mo.*

19. (a) *Oct 3 - 1941* (b) *Clas J. Gutting*
(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? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(Specify type of place)

While at work? _____ (c) Means of injury _____

23. Signature *Lawrence E. Love* (M.D. or other) *2 Do*

Address *Luray Mo* Date signed _____

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

RECEIVED

District Health Officer No. 10

District File Number

10-44-1824

Date Filed

OCT 13 1941

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

Vernon C. Ryan

Registered Apprentice No.

264

working under my personal supervision.

Signed

H. Kircher

Licensed Embalmer No.

2611

P. O. Address

Wayland

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.