S. No. 2
1—1-4-41
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83

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 4 1942

Registration District No. 696

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3222

Primary Registration District No. 4418

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Platte

(b) City or town Platte City, Mo. Twn
(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 ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED: 83

(a) State Missouri (b) County Platte

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

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

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Betty Porter

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

3. (c) Social Security No. none

4. Sex Female 3

5. Color or race Negro

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

6. (b) Name of husband or wife Charles Porter

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased April 15, 1878 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
63	8	28	hr. min.

9. Birthplace Platte County, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business .....

FATHER
12. Name George Corbin
13. Birthplace Virginia (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Martha Clark
15. Birthplace Kansas (City, town, or county) (State or foreign country)

16. (a) Informant Charles Porter, husband.
(b) Address Platte City, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-15-1942 (Month) (Day) (Year)
(c) Place: burial or cremation Platte City, Cem.

18. (a) Signature of funeral director E. Benjamin Cast
(b) Address Platte City, Mo.

19. (a) Jan. 15 1942 (Date received local registrar) (b) Mrs Clay Giffee (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 13
year 1942 hour 6 minute 15 a.M.

21. I hereby certify that I attended the deceased from August 8, 1941, to January 12, 1942, that I last saw her alive on January 12, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Embolism	48 hrs
Due to Hypertension	unknown
Due to Diabetes Mellitis	4 yrs
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 61
Of autopsy .....

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

23. Signature Edward W. Cline (M. D. or other) MD
Address Platte City, Mo Date signed 1/14/42

627 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. Platte
District File Number 242-42
Date Filed 2-3-42

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 E. Benjamin Cast

Licensed Embalmer No. 4059

P. O. Address Platte City, 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, fact should be so stated above.