

FILED JUN 23 1942

Registration District No. _____

Primary Registration District No. 3014

Registrar's No. 125

1. PLACE OF DEATH:

(a) County COLE
(b) City or town JEFFERSON CITY, MISSOURI
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
410 MADISON STREET /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community LIFE years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County COLE 26
(c) City or town JEFFERSON CITY, MO. 23
(If outside city or town limits, write "RURAL")
(d) Street No. 410 MADISON STREET /
(If rural, give location)
(e) Citizen of foreign country? NO 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME CLIFFORD PORTH

3. (b) If veteran, name war WORLD WAR # 1 3. (c) Social Security No. _____

4. Sex MALE 0 5. Color or race WHITE / 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife EDNA L SMITH PORTH 6. (c) Age of husband or wife if alive 33 years
7. Birth date of deceased APRIL 7, 1893
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
49 1 8 hr. min.

9. Birthplace JEFFERSON CITY, MISSOURI 0
(City, town, or county) (State or foreign country)

10. Usual occupation JEWELER
11. Industry or business PORTH'S JEWELRY STORE

MOTHER FATHER { 12. Name GEORGE PORTH
13. Birthplace MENDOTA, ILL. /
(City, town, or county) (State or foreign country)
14. Maiden name MAY HELEN MAIDOR
15. Birthplace INDEPENDENCE, MO. 0
(City, town, or county) (State or foreign country)

16. (a) Informant GEORGE PARTH
(b) Address JEFFERSON CITY, MO.

17. (a) BURIAL (b) Date thereof 5/17/42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation RIVERVIEW CEMETERY

18. (a) Signature of funeral director John H. ...
(b) Address JEFFERSON CITY, MO.

19. (a) 5-16-42 (b) Theresa ...
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 15
year 1942 hour 7 minute A. M.

21. I hereby certify that I attended the deceased from 5-15-1942 to 5-15-1942
that I last saw him alive on 5-15-1942
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 1 day

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 94a

Major findings: Of operations _____

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? _____

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

23. Signature A. M. ... (M. D. or other) _____
Address Jefferson City MO Date signed 5-15-42

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

MOTHER FATHER

DEC 3 1923

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.....
Sylvester R. Full....., Registered Apprentice No. *292*
working under my personal supervision.

Signed.....
John F. Heil
Licensed Embalmer No. *3155*
P. O. Address *Jefferson 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.