

S. No. 2
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PI X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27670

FILED SEP 9 1942
Registration District No. 210

Primary Registration District No. 5775

Registrar's No. 56

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

1. PLACE OF DEATH:
(a) County Mercer
(b) City or town Rural (Somerset 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 I day (Specify whether
In this community I day (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Mercer
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Lanny Kaye Porter
3. (b) If veteran, name war _____ 3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug. day 14
year 1942 hour 7 minute A.M.
21. I hereby certify that I attended the deceased from August 13
1942 to August 14 1942
that I last saw h. im alive on August 14 1942
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race W 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 Aug. 13 1942
(Month) (Day) (Year)

Immediate cause of death Prematurity (estimated
280 days was Sept. 19.)
Postnatal hemorrhage which
Vitamine K, didnot stop.
Never able to suckle.

8. AGE: Years _____ Months _____ Days I If less than one day
_____ hr. _____ min.

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

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

Major findings:
Of operations _____
Of autopsy None made.
159
PHYSICIAN
Underline the cause to which death should be charged statistically.

10. Usual occupation _____

11. Industry or business _____

12. Name Doral Porter

13. Birthplace Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Reba Evans

15. Birthplace Mercer Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Doral Porter
(b) Address Mercer Mo.

17. (a) Burial (b) Date thereof 8/14/42
(Burial, cremation, or removal) Evergreen Cemetery
(c) Place: burial or cremation Lineville Iowa

18. (a) Signature of funeral director O. C. Scurlee

(b) Address Lineville Iowa

19. (a) 8-18-42 (b) Jessie Alley
(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? _____ (to) _____ (Specify type of injury)
23. Signatures A. S. Bristow A. S. Bristow MD
(M. D. or other) (M. D. or other)
Address Bristow Bldg. Princeton Date signed Mo. 8/14

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 *mat*

....., Registered Apprentice No.

working under my personal supervision.

Signed

Amos L. Greuler

Licensed Embalmer No.

3967

P. O. Address

Mercer 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.