

FILED SEP 24 1942

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH:  
(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 2526 Euclid Ave 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 71 years (Specify whether years, months or days)  
In this community 71 years

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2526 Euclid Ave  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mary Porter  
3. (b) If veteran, name war no 3. (c) Social Security No. none

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 9 day 10<sup>th</sup> year 1942 hour 5 minute A.M.

4. Sex Female 5. Color or colored 6. (a) Single, widowed, married, divorced widowed  
(b) Name of husband or wife Richard Porter 6. (c) Age of husband or wife if alive 20 years  
7. Birth date of deceased May 23 1871  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 9/7/42 to 9/10/42  
and that death occurred on the date and hour stated above.

Immediate cause of death tabular heart disease Duration ✓

8. AGE: Years 71 Months 3 Days 17 If less than one day hr. min.

Due to arteriosclerosis  
Due to grd

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

Other conditions General Anasarca  
(Include pregnancy within 3 months of death)

10. Usual occupation unemployed

Major findings: no  
Of operations no

MOTHER FATHER  
11. Industry or business \_\_\_\_\_  
12. Name Anthony Cole  
13. Birthplace no.  
(City, town, or county) (State or foreign country)  
14. Maiden name unknown  
15. Birthplace no.  
(City, town, or county) (State or foreign country)

Of autopsy ✓  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant James W. Green  
(b) Address 2526 Euclid Ave  
17. (a) Burial (b) Date thereof 9-13-42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Union Cemetery

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) no  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? no  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? no

18. (a) Signature of funeral director O. B. Moore  
(b) Address 1820 E. 19th St  
(c) 9-14-42 (b) M. M. Crown  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature M. M. Crown (M. D. or other) \_\_\_\_\_  
Address 2131 E. 24th Date signed 9/10/42

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

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 me  
H B Moorn, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed

H B Moorn

Licensed Embalmer No.

2420  
1820 E 18th

P. O. Address

**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.**