

FILED DEC 31 1942

Registration District No. *149*

Primary Registration District No. *1002*

Registrar's No. *4832*

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:
301 West 51st Terrace,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution X
In this community all his life, (Specify whether years, months or days)

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. 301 West 51st Terrace,
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country X

3. (a) PRINT FULL NAME J. Lee Porter,

3. (b) If veteran, name war no. 3. (c) Social Security No. no.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Ada Shumate Porter, 6. (c) Age of husband or wife if alive dec. years
7. Birth date of deceased September 14 1861
(Month) (Day) (Year)

8. AGE: Years 81 Months 3 Days 9 If less than one day hr. min.

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

10. Usual occupation Retired

11. Industry or business Real Estate

MOTHER FATHER } 12. Name Jesse Lee Porter,
13. Birthplace Tennessee, (City, town, or county) (State or foreign country)
14. Maiden name Lucy Stark
15. Birthplace Virginia (City, town, or county) (State or foreign country)

16. (a) Informant Lester W. Hall,
(b) Address 611 Westover Road, K. C., Mo.

17. (a) Burial (b) Date thereof 12-26-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Union Cemetery

18. (a) Signature of funeral director Stine & McClure,
(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 12-26-42 (b) M. M. Crone
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 23rd
year 1942 hour 2:30 minute P. M.

21. I hereby certify that I attended the deceased from 12/15 1942 to 12-23 1942
that I last saw him alive on 12/23/ 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cholelithiasis -> Months
congestive heart failure
Due to 92.5

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations None
Of autopsy None

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) _____
White at work? _____ (e) Means of injury _____

23. Signature J. V. Bell (M. D. or other) _____
Address 1122 Professional Date signed 12/24/42

