S. No. 2
M—5-42
v. 5-17-39
32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 3 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

VINT.

State File No. 9491

Registration District No. 23 Primary Registration District No. 4034 Registrar's No.

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

1. PLACE OF DEATH:
(a) County BATES
(b) City or town HUME
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 66 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County BATES 7
(c) City or town HUME 0
(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 ROBERT LEE PORTER
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife LIDIA PORTER
6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased AUGUST (Month) 26 (Day) 1874 (Year)

8. AGE: Years 68 Months 7 Days 5 If less than one day hr. min.

9. Birthplace JOHNSON COUNTY (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation FARMER
11. Industry or business
FATHER
12. Name EDMUND LEE PORTER
13. Birthplace PETTIS COUNTY (City, town, or county) MISSOURI (State or foreign country)
MOTHER
14. Maiden name HETTA REVIS
15. Birthplace PETTIS COUNTY (City, town, or county) MISSOURI (State or foreign country)
16. (a) Informant Mrs. Lidia Porter
(b) Address Hume, Mo.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof APR.-2-1943 (Month) (Day) (Year)
(c) Place: burial or cremation HUME, MO.
18. (a) Signature of funeral director BOOTH
(b) Address RICH HILL, MO.
19. (a) 4-2-43 (Date received local registrar) (b) Lucy M. Coleman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 31
year 1943 hour 11 minute A.M.
21. I hereby certify that I attended the deceased from Oct. 10, 1942 to Mar. 31, 1943
that I last saw him alive on Mar. 31, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death arthritis deformans of long standing	4 yrs.
Due to	
Due to	
Other conditions Indications of carsinome of stomach (Include pregnancy within 3 months of death)	
Major findings: Of operations ✓	
Of autopsy ✓	

46 P

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 W. D. Vint (M. D. or other)
Address Hume, Mo. Date signed Apr. 2, 43

1311

(Licensed Embalmer's Statement on Reverse Side)

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 John D Underwood

Licensed Embalmer No. 3585

P. O. Address Butler 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.