V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 15027

FILED MAY 6 1943

Registration District No. 253

Primary Registration District No. 4384

Registrar's No.

1. PLACE OF DEATH:

(a) County Nodaway

(b) City or town Skidmore
(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 25 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway

(c) City or town Skidmore
(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

3. (a) PRINT FULL NAME Lois Jeannette Porter

3. (b) If veteran, name war

3. (c) Social Security No. no

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife George Samuel Porter

6. (c) Age of husband or wife if alive years

7. Birth date of deceased August (Month) 15 (Day) 1850 (Year)

8. AGE: Years 92 Months 8 Days 2 If less than one day hr. min.

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

10. Usual occupation housewife

11. Industry or business

FATHER
12. Name Edwin Baldwin
13. Birthplace unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Ann Busch
15. Birthplace Rising Sun Ind. (City, town, or county) (State or foreign country)

16. (a) Informant Miss Edith Porter
(b) Address Skidmore Missouri

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 4-21-43 (Month) (Day) (Year)
(c) Place: burial or cremation Maitland Cemetery

18. (a) Signature of funeral director Price Funeral Home
(b) Address Maryville Mo.

19. (a) Mar 23 1943 (Date received local registrar) (b) Mrs. Ralph Scott (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 17-1943
year 1943 hour 10 minute 45 A.M.

21. I hereby certify that I attended the deceased from June 1-1942, 19 April 17 1943; that I last saw her alive on April 15-1943 19; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Larynx

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Senility-Emaciation
Of autopsy

Duration

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 Chas. T. Bell, (M. D. or other)
Address Maryville, Mo. Date signed 4/19/1943

(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 Elm M Price

Licensed Embalmer No. 1822

P. O. Address Maryville, 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.