FILED JUL 10 1943

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

21996

Do not use this space.

66 0 0

1. PLACE OF DEATH
(a) County: Miller 211 — Registration District No.: 5778
(b) Township: Gen Henry — Primary Registration District No.: — Registered No.: 66 0 0
(c) City: — (d) Street No.: 1 — St.: 1
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred: yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME: Callie Dora Porter
(a) Residence, No.: Eugene Mo Rt Gen Henry St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State) 0

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W
5. ~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~ (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~: George Washington Porter

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb 22 1881

7. AGE: Years 62 — Months 3 — Days 21 — If LESS than 1 day, ...hrs. or ...min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: House wife
9. Industry or business in which work was done, as saw mill, bank, etc.: House work
10. Date deceased last worked at this occupation (month and year): May 6-43
11. Total time (years) spent in this occupation: 39

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Miller Co., Mo. 0

FATHER
13. NAME: Tommy Robbins
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Adair Co Mo 0

MOTHER
15. MAIDEN NAME: Martha Meadnor
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Do not Know ?

17. INFORMANT: E. H. Porter
(ADDRESS): Moreo Mo. Rt. #3

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Jenkins Cemetery DATE: 6/14 1943

19. FUNERAL DIRECTOR (NAME): Schell Mort Co.
(ADDRESS): Eugene Mo

20. FILED 6/14/43 19 A. P. Wright, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 13, 1943

22. I HEREBY CERTIFY, That I attended deceased from April 21, 1943, to 6-13, 1943.
I last saw her alive on 6-13, 1943. Death is said to have occurred on the date stated above, at 6:20 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Primary Carcinoma of the Liver	?
46 F	
Other contributory causes of importance:	
Hypertrophic Cirrhosis of the Liver	3 yrs.
Biliary Calculi	?
Uremia	1 day

Name of operation: Cholecystostomy Date of: 5/7/43
What test confirmed diagnosis? Laboratory Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? — Date of injury: —, 19..
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury: —
Nature of injury: —

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify: —
(Signed) Eugene H. Shirley, M. D.
(Address) Eugene, Missouri

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50M-9-19 I X16605

RECEIVED
Miller County Health Dep't.
County File Number 43-53
Date Filed 7-7-43

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.