

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....

Registrar's No. 1221

FILED JUL 31 1943

Registration District No. ....

Primary Registration District No. 3000

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

1. PLACE OF DEATH:

(a) County Adair

(b) City or town Kirkville  
(If outside city or town limits, write "RURAL," and name of township)

(c) Name of hospital or institution:  
516 E. Buchanan  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)

In this community 11 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair

(c) City or town Kirkville  
(If outside city or town limits, write "RURAL")

(d) Street No. 516 E Buchanan  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME William Franklin Porter

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

4. Sex male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Laura Porter 6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased Dec. 1 1880  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

82	5	7	hr. min.
----	---	---	----------

9. Birthplace Warren County Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Agriculture

12. Name William James Porter

13. Birthplace DK Pa.  
(City, town, or county) (State or foreign country)

14. Maiden name Hannah Isabelle Lane

15. Birthplace DK Pa.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mable S. Porter  
(b) Address Kirkville, Mo.

17. (a) Burial (b) Date thereof 6/10/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Park

18. (a) Signature of funeral director Davis Funeral Home  
(b) Address Kirkville, Mo.

19. (a) 6/12/43 (b) Miss L. Wagner  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8<sup>th</sup>  
year 1943 hour 3 minute 10 A.M.

21. I hereby certify that I attended the deceased from June 1<sup>st</sup> 1943 to June 8<sup>th</sup> 1943  
that I last saw h. in alive on June 8<sup>th</sup>  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage  
Duration 8 day

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Cerebral Hemorrhage 6 year  
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

108

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? \_\_\_\_\_

While at work? \_\_\_\_\_  
(Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature Howard E. Gross (M. D. or other) D.O.  
Address Kirkville, Mo. Date signed June 11, 1943

**RECEIVED**

District Health Officer No. 10

District File Number 7-43-1172

Date Filed JUL 30 1943

**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 Al. Rison

Licensed Embalmer No. 1407

P. O. Address Kirkville, 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.**