

No. 2  
5-42  
17-59  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35312

D NOV 13 1943  
Registration District No. 2210

Primary Registration District No. 5792

State File No. \_\_\_\_\_  
Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:  
(a) County Moniteau, Co.  
(b) City or town Rural, Harrison Twp.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
California, Mo. Star Rt.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
Life (Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Moniteau 068  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. HighPoint, MO. Star Rt.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Minnie W. Porter  
(b) If veteran, name war No  
(c) Social Security No. No

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 10 day 26  
year 1943 hour 1 minute 20 A. M.

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Aug. 28 1865  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 12-7- 1942 to 10-26- 1943  
that I last saw h. alive on 10-16- 1943  
and that death occurred on the date and hour stated above.  
Immediate cause of death Chronic Bronchitis  
Duration about 20 yrs

8. AGE: Years Months Days If less than one day  
78 1 28 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

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

Other conditions Acute cold  
(Include pregnancy within 3 months of death)

10. Usual occupation House Wife

Major findings: 106 ft  
Of operations \_\_\_\_\_  
Of autopsy no

11. Industry or business \_\_\_\_\_  
12. Name Philip Richart  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant Escal G. Porter  
(b) Address Russellville, MO. Star Rt.  
17. (a) Burial (b) Date thereof Oct. 27. 43  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Union Cem  
18. (a) Signature of funeral director Bowlin Funeral Home  
(b) Address California, Mo.  
19. (a) 10/27-1943 (b) Mrs. J. L. Pasing  
(Date received local registrar) (Registrar's signature)

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 H. R. Popejoy (M. D. or other) \_\_\_\_\_  
Address California Date signed 10-26-43

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

MOTHER FATHER

472

(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

*Earl R. Boulton*

Licensed Embalmer No.

*2126*

P. O. Address

*California, 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.**