S. No. 2
M—2-43
5-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 13 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. Fonda 41803

Registration District No. 43 Primary Registration District No. 5143 Registrar's No. 372

1. PLACE OF DEATH:
(a) County Butler
(b) City or town Rural - Poplar Bluff
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Moroeco - East of Poplar Bluff
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Butler 12 0
(c) City or town Poplar Bluff Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. Moroeco District
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Charles Levy Porter Jr
3. (b) If veteran, name war ..... 3. (c) Social Security No. .....
4. Sex Male 5. Color or race Colored 6. (a) Single, widowed, married, divorced 2 0
6. (b) Name of husband or wife ..... 6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased April 18, 1943 (Month) (Day) (Year)

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

9. Birthplace Butler Co., Mo (City, town, or county) 0 (State or foreign country)
10. Usual occupation Baby
11. Industry or business .....
PATHER
12. Name Chas Levy Porter
13. Birthplace Arkansas 1 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Aphelia Watkins
15. Birthplace La. 1 (City, town, or county) (State or foreign country)
16. (a) Informant Chas L. Porter Sr.
(b) Address R. 1 — Brosley, Mo
17. (a) B. (Burial, cremation, or removal) (b) Date thereof 12-24-43 (Month) (Day) (Year)
(c) Place: burial or cremation Moroeco Cemetery
18. (a) Signature of funeral director Frank — Cotrell
(b) Address Poplar Bluff, Mo
19. (a) 12-27-43 (Date received local registrar) (b) Belle Tinne (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 23 year 1943 hour 3:30 minute A. M.
21. I hereby certify that I attended the deceased from 10-19, 1943, to ....., 19..., that I last saw him alive on 10-19, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Rheumatic Fever,	Unknown.
Due to Unknown.	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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

58e

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 J. W. Fonda, O (M. D. ~~or other~~)
Address Poplar Bluff, Mo Date signed 12-24-43

11 92

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2
District File Number 144-96
Date Filed 1-10-44

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 Not Embalmed, Registered Apprentice No. ....., working under my personal supervision.

Signed Scott A. Cotnett

Licensed Embalmer No. 3567

P. O. Address Poplar Bluff. 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.