

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1672**

FILED FEB 3 1944

Primary Registration District No. **1002**

Registrar's No. **210**

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **3543 Olive Kansas City**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3543 Olive
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **no.** (Specify whether
In this community **28 years,** (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **3543 Olive,**
(If rural, give location)
(e) Citizen of foreign country? **no.** (Yes or No)
If yes, name country **X**

3. (a) PRINT FULL NAME **Mrs. Esther Evalon Portman**

3. (b) If veteran, name war **no.** 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 **Ben Portman** 6. (c) Age of husband or wife if alive **dec.** years

7. Birth date of deceased: **June 3 1907**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
36 7 9 hr. min.

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

10. Usual occupation **at home,**

11. Industry or business **X**

12. Name **Walter Wilson**

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

14. Maiden name **Dora Gates**

15. Birthplace **Indiana** (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Dora Fowler,**
(b) Address **912 E. 27th St., Kansas City, Mo.**

17. (a) **Burial** (b) Date thereof **1-14-44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **SHEFFIELD Cemetery**

18. (a) Signature of funeral director **Stine & McClure,**

(b) Address **3235 Gillham Plaza, E. C., MO.**

19. (a) **Jan 14 1944** (b) **To Brown**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **12th**
year **1944** hour **5:15** minute **P.** M.

21. I hereby certify that **attended** the deceased from **19**;
that I last saw him **alive on** **19**;
and that death occurred on the date and hour stated above.

Immediate cause of death: **acute cerebral edema
with pulmonary edema and
congestion**

Due to **8302**

Other conditions: (Include pregnancy within 3 months of death)

Major findings:

Of operations: **See above**
Of autopsy: **See above**

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) Means of injury

23. Signature **Esther Portman** (M, D, or other)
Address **3543 Olive** Date signed **1/12/44**

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

2
42
-39
K32873

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.....

John H. Hurley

Licensed Embalmer No. *4050*

P. O. Address: *Kansas City, Missouri*

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.