S. No. 2
M—5-42
5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 9 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

3322

State File No.

Registration District No. 164 Primary Registration District No. 3032 Registrar's No. 1

1. PLACE OF DEATH:

(a) County JOHNSON

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

(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community Several years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JOHNSON 51

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

(d) Street No. 302 SOUTH COLLEGE
(If rural, give location)

(e) Citizen of foreign country? ~~YES~~ No (Yes or No)

If yes, name country ?

3. (a) PRINT FULL NAME EFFIE MAE PORTER

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex FEMALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife HEBER KEEMER PORTER

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased JUNE (Month) 26 (Day) 1875 (Year)

8. AGE: Years 68 Months 6 Days 5 If less than one day hr. min.

9. Birthplace GRANGER (City, town, or county) IOWA (State or foreign country) /

10. Usual occupation HOUSEWIFE

11. Industry or business

FATHER
12. Name SHANE S. PURDY
13. Birthplace STATE OF OHIO (City, town, or county) (State or foreign country) /

MOTHER
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN (City, town, or county) (State or foreign country) ?

16. (a) Informant MR H. K. PORTER
(b) Address WARRENSBURG MO

17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof JAN (Month) 1 (Day) 1943 (Year)
(c) Place: burial or cremation CONCORDIA MO

18. (a) Signature of funeral director E. S. JAMES
(b) Address CONCORDIA MO

19. (a) Jan 2, 1944 (Date received local registrar) (b) Leola M. Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 1
year 1944 hour 10 minute A.M.

21. I hereby certify that I attended the deceased from NOV-'43 to Jan -1- 1944 to , 19 ;
that I last saw her alive on 1-1-44 , 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: carcinoma breast c̄ Metastatic growth in lung	?
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 50	

Major findings:
Of operations
Of autopsy

PHYSICIAN
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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature R. F. McKinney (M. D. or other) MD
Address Warrensburg MO Date signed 1-2-44

(Licensed Embalmer's Statement on Reverse Side)

FEB 18 1944

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 me

....., Registered Apprentice No.....,

working under my personal supervision.

Signed E. S. Thomas

Licensed Embalmer No. 2058

P. O. Address Concordia 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.