

FILED MAR 11 1944

Registration District No. **257**

Primary Registration District No. **3048**

Registrar's No. **40**

1. PLACE OF DEATH:
 (a) County **Nodaway**
 (b) City or town **Maryville**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **St. Francis hospital**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **7 weeks**
 (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Richard E. Porter**

3. (b) If veteran, name war **no** **3. (c) Social Security No.**

4. Sex **male** **5. Color or race** **white** **6. (a) Single, widowed, married, divorced** **single**

6. (b) Name of husband or wife **6. (c) Age of husband or wife if alive** years

7. Birth date of deceased **Sept. 19, 1875**
 (Month) (Day) (Year)

8. AGE: Years **67** Months **5** Days **5** If less than one day
 hr. min.

9. Birthplace **Parnell Mo.**
 (City, town, or county) (State or foreign country)

10. Usual occupation **farmer**

11. Industry or business

12. Name **Harve Porter**

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

14. Maiden name **Sally Ashworth**

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

16. (a) Informant **E. C. Gooden**

(b) Address **Parnell Mo.**

17. (a) (Burial, cremation, or removal) **burial** **(b) Date thereof** **2-27-44**
 (Month) (Day) (Year)

(c) Place: burial or cremation **Sweet Home cemetery**

18. (a) Signature of funeral director **Funeral Home**

(b) Address **Maryville Mo**

19. (a) 2-28-44 (b) Amy Barber
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Nodaway**
 (c) City or town **Parnell (Rural)**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **4 1/2 Miles south**
 (If rural, give location)
 (e) Citizen of foreign country? **no** (Yes or No)
 If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **24**
 year **1944** hour **5** minute **45** P. M.

21. I hereby certify that I attended the deceased from **Aug 4**
1943 to **2-24** 19**44**
 that I last saw him alive on **2-24** 19**44**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Chr Myocarditis**
Arterio sclerosis

Due to
Due to

Other conditions
 (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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 **J. M. Boyles** (M. D. or other)
Address **Maryville** **Date signed** **2-25-44**

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

MOTHER FATHER

74
1
2

1349

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 W L Gee

Licensed Embalmer No. 2539

P. O. Address Marville

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.