S. No. 2
M—8-43
S-17-39
1 X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 14 1944

Registration District No. 157

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3028

State File No. 28057

Registrar's No. 185

1. PLACE OF DEATH:

(a) County JASPER

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

(c) Name of hospital or institution: CONVALESCENT HOME 316 FULTON
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 MONTHS (Specify whether years, months or days)

In this community 51 YEARS

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JASPER

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

(d) Street No. 316 FULTON
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME CHAS. M. PORTER

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

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 NO RECORD (Month) (Day) (Year)

8. AGE: Years 85 | Months | Days | If less than one day ... hr. ... min.

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

10. Usual occupation RETIRED SALESMAN

11. Industry or business

FATHER
12. Name NO RECORD
13. Birthplace NO RECORD (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name NO RECORD
15. Birthplace NO RECORD (City, town, or county) (State or foreign country)

16. (a) Informant Clarence Zuellig
(b) Address 2611 E. 15th, Joplin, Mo.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 8-16-44 (Month) (Day) (Year)

(c) Place: burial or cremation FAIRVIEW

18. (a) Signature of funeral director HURLBUT UND. CO.
(b) Address JOPLIN, MISSOURI

19. (a) Aug. 16 '44 (Date received local registrar) (b) Elizabeth Coughlin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUGUST day 14 year 1944 hour 5 A.M. minute ... M.

21. I hereby certify that I attended the deceased from May 22, 1944, to Aug. 1, 1944, that I last saw him alive on Aug. 1, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Rupture

Duration

Due to

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.

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 L. E. Cook (M. D. ~~or other~~)

Address Joplin Mo Date signed 8-14-44

1283

(Licensed Embalmer's Statement on Reverse Side)

44-9-691

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.....

Licensed Embalmer No.....

P. O. Address.....

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.