

FILED NOV 28 1944

Registration District No. 72

Primary Registration District No. 4134

Registrar's No. 112

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

2400

1. PLACE OF DEATH:

(a) County CLAY

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

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

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

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County CLAY

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

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ANNA E. PORTER

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV. day 14, year 1944 hour 12:30 minute _____ P. M.

21. I hereby certify that I attended the deceased from May 20, 1943 to Nov. 13, 1944
that I last saw her alive on Nov. 13 and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or race WHITE

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

6. (b) Name of husband or wife JAS. W. PORTER 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased FEB. 13 1858
(Month) (Day) (Year)

Immediate cause of death: Ch. myocarditis
Ren. artery sclerosis

Due to _____

Due to _____

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

Major findings: _____
Of operations _____

Of autopsy _____

8. AGE:	Years	Months	Days	If less than one day
	<u>86</u>	<u>9</u>	<u>I</u>	hr. _____ min.

9. Birthplace CLAY COUNTY MO.
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE--AT HOME

11. Industry or business _____

MOTHER FATHER { 12. Name FLEMING DALE

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

14. Maiden name DELILAH LINCOLN

15. Birthplace CLAY CO. MO.
(City, town, or county) (State or foreign country)

16. (a) Informant RILEY PORTER

(b) Address SMITHVILLE, MO.

17. (a) BURIAL (b) Date thereof 11/16/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SMITHVILLE, MO.

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

(b) Address Smithville, Mo.

19. (a) Nov 17 - 1944 (b) Rush N. Henry
(Date received local registrar) (Registrar's signature)

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) Means of injury _____

23. Signature [Signature] (M. D. or other) _____

Address Smithville, Mo. Date signed 11-15-44

1021

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

11-25-17

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

S. A. McCowen

Licensed Embalmer No.

2303

P. O. Address

Smithville, 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.