

FILED DEC 22 1944

Registration District No. 149

Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:  
Idemul - 1812 Tracy  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution  
In this community 38 yrs 1 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Jackson

(c) City or town Kennett mo 4  
(If outside city or town limits, write "RURAL")

(d) Street No. 1812 Tracy ave  
(If rural, give location)

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

3. (a) PRINT FULL NAME SYLVESTER PORTER

(b) If veteran, name war WORLD'S WAR #1

(c) Social Security No. 493-12-6266

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 2  
year 1944 hour 11:30 minute 2 M.

4. Sex M 5. Color or race Negro 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Lillie Porter 6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased: July (Month) 5 (Day) 1896 (Year)

21. I hereby certify that I attended the deceased from not to ? 19?  
that I last saw Deputy Coroner 19?  
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>48</u>	<u>4</u>	<u>27</u>	hr. min.

Immediate cause of death: Chronic Myocarditis

Due to acute Pulmonary Edema

9. Birthplace Sedalia mo. (City, town, or county) (State or foreign country)

10. Usual occupation Butcher (Beef)

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 930

Of autopsy yes

11. Industry or business Wilson Packing Co

12. Name Clout Krew

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

14. Maiden name Jennie Kelley

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

16. (a) Informant Lillie Porter

(b) Address 812 Tracy

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?

17. (a) Removal (b) Date thereof 12-4-44  
(Burial, cremation, or other) (Month) (Day) (Year)

(c) Place: burial or cremation Wadsworth Kansas

While at work? (Specify type of place) (or) Means of injury 3

18. (a) Signature of funeral director Felton & Co

(b) Address 1817 E. 15th St

19. (a) Dec 6 1944 (b) St. Brown (Registrar's signature)

23. Signature A. Richardson (M. D. or other)

Address 1832 Ave Date signed 12-4-44

*Handwritten notes and signatures, including a large signature that appears to read "John G. Flynn".*

DEC 22 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.....  
..... Registered Apprentice No.....  
working under my personal supervision.

Signed *John G. Flynn*

Licensed Embalmer No. *4383*

P. O. Address *1819 E. 15th K.C.M.*

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.