

1. PLACE OF DEATH:

(a) County... COOPER

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

(c) Name of hospital or institution:
900 WATER ST. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution... none
(Specify whether)

In this community... LIFE
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State... MISSOURI (b) County... COOPER **21**

(c) City or town... BOONVILLE
(If outside city or town limits, write "RURAL") **1**
2

(d) Street No... 900 E. WATER ST.
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
 If yes, name country... 0

3. (a) PRINT FULL NAME MRS. IDA MAE MINOR PORTER

3. (b) If veteran, name war... NONE

3. (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEBRUARY day 2nd
 year... 1945 hour 2:20 minute a.m.

4. Sex FEMALE ⁵Color or race NEGRO

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

6. (b) Name of husband or wife... JOHN PORTER

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

7. Birth date of deceased... AUGUST 19 1890
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from...
Aug 10, 1944, to...Feb 1, 1945;
 that I last saw him alive on... Feb 1, 1945;
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>54</u>	<u>5</u>	<u>14</u>	hr. _____ min.

Immediate cause of death... Acute Myocarditis

Duration 6 months

9. Birthplace... COOPER COUNTY MISSOURI
(City, town, or county) (State or foreign country)

Due to _____

Due to _____

10. Usual occupation... HOUSEKEEPER

Other conditions...
(Include pregnancy within 3 months of death)

11. Industry or business... DAY LABOR

Major findings:
 Of operations... 930

MOTHER FATHER { 12. Name... JOSEPH MINOR

Of autopsy... _____

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

Underline the cause to which death should be charged statistically.

14. Maiden name... MISSOURI CARTER

15. Birthplace... COOPER COUNTY MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant... LILLIE JACKSON

(b) Address... OVERTON, MO.

17. (a) BURIAL (b) Date thereof FEB. 5, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation... BOONVILLE CITY CEMETERY

18. (a) Signature of funeral director... STEGNER & KOENIG

(b) Address... BOONVILLE, MO.

19. (a) Feb-2-1945 (b) Dr. Chas. Swap
(Date received local Registrar's signature)

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. C. Tincher (M. D. or other) M.D.

Address... Boonville Mo Date signed 2/2/45

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

RECEIVED

District Health Officer No. 8

District File Number

Date Filed

3-5-75

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

working under my personal supervision.

Registered Apprentice No.

Signed

James W. Segner

Licensed Embalmer No.

3789

P. O. Address

Boonville, 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.