

FILED OCT 18 1945

Registration District No. 240

Primary Registration District No. 5827

Registrar's No. 21

1. PLACE OF DEATH:

(a) County New Madrid
(b) City Caton (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid
(c) City or town Caton (If outside city or town limits, write "RURAL")
(d) Street No. 2 miles South East of Caton (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Lee James Porter

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

4. Sex male 5. Color or race colored 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 June 9 1945 (Month) (Day) (Year)

8. AGE: Years _____ Months 4 Days 5 If less than one day _____ hr. _____ min.

9. Birthplace Caton, Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Child

11. Industry or business _____

12. Name Lee Porter

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

14. Maiden name Lucile Sullivan

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

16. (a) Informant Lucile Brown

(b) Address Caton, Missouri

17. (a) Burial (b) Date thereof 10-15-45 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Boonham Cem.

18. (a) Signature of funeral director Boonham Home

(b) Address Telloum, Missouri

19. (a) 10-15-45 (b) H. L. Ponder - Deputy (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 14 year 1945 hour 2 minute 30 P. M.

21. I hereby certify that I attended the deceased from Oct 14, 1945, to Oct 14, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death Broncho Pneumonia

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy 107

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 E. E. Jones (M. D. or other) _____

Address Telloum Mo Date signed 10-15-45

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

MOTHER FATHER

1611

OCT 19 1945

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

Homer L. Ponder

Licensed Embalmer No.

3367

P. O. Address

W. L. Tolson, 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.