

FILED DEB 6 1945

State File No. _____

Registration District No. 30

Primary Registration District No. 5102

Registrar's No. 22

1. PLACE OF DEATH:
 (a) County Benton
 (b) City or town 6 mi S. of Warsaw Twp
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1 July 5
(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 Mo. (b) County Benton
 (c) City or town Rural
(If outside city or town limits, write "RURAL")
 (d) Street No. 6 mi south of Warsaw
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Zula Belle Porter
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Aug day 24
 year 1945 hour 3 minute 10 P.M.

4. Sex Female 5. Color or race white
 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 decased
 7. Birth date of deceased: Mar 19 1870
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 1940 to Aug 24 1945
 that I last saw her alive on Aug 22 1945
 and that death occurred on the date and hour stated above.

8. AGE: Years 75 Months 5 Days 5 If less than one day _____
hr. min.

Immediate cause of death Senility
 Due to _____
 Due to _____

9. Birthplace Bolivar Mo.
(City, town, or county) (State or foreign country)
 10. Usual occupation At home

Other conditions 16 2/3
(Include pregnancy within 3 months of death)
 Major findings: _____
 Of operations _____
 Of autopsy _____

MOTHER FATHER { 11. Industry or business _____
 12. Name Arch Sowards
 13. Birthplace UNKNOWN Ohio
(City, town, or county) (State or foreign country)
 14. Maiden name Z. Pora maritel
 15. Birthplace UNKNOWN Ohio
(City, town, or county) (State or foreign country)

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?
(Specify type of place)

16. (a) Informant Shelley Porter
 (b) Address Warsaw, Mo.
 17. (a) Burial (b) Date thereof 8-27-45
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Callaway Cemetery
 18. (a) Signature of funeral director Reser Funeral Home
 (b) Address Warsaw Mo.
 19. (a) 11/10/45 (b) Jas. A. Logan
(Date received local registrar) (Registrar's signature)

While at work? _____
(Specify type of place) (e) Means of injury
 23. Signature J. A. Logan (M. D. or other) _____
 Address Warsaw Mo. Date signed 8/23/45

Duration _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

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

Date Filed

P.O. 7,
11-45-1145-
12-4-45-

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 Paul Richard Bissner

Licensed Embalmer No. 4324

P. O. Address Warsaw, Ind.

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.