. S. No. 2
0M—2-43
ev. 5-17-39
1 X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 7 1945 42

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 36683

Registration District No. _____ Primary Registration District No. 10000 Registrar's No. 1283

1. PLACE OF DEATH:
(a) County: Buchanan
(b) City or town: St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Lot 72 Ayre Lawn Addition /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 1 ½ years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Buchanan //
(c) City or town: St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No.: Lot 72 Ayre Lawn Addition
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME: Hattie Porter
3. (b) If veteran, name war: none
3. (c) Social Security No.: none
4. Sex: female
5. Color or race: white
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: William Porter
6. (c) Age of husband or wife if alive: 62 years
7. Birth date of deceased: June (Month) 25 (Day) 1885 (Year)

8. AGE: Years 60 | Months 5 | Days 5 | If less than one day _____ hr. _____ min.

9. Birthplace: Worth County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: at home
11. Industry or business _____
MOTHER FATHER
12. Name: James W. Hamblen
13. Birthplace: unknown (City, town, or county) Kentucky / (State or foreign country)
MOTHER
14. Maiden name: Mary S. McCord
15. Birthplace: Mirable (City, town, or county) Missouri (State or foreign country)
16. (a) Informant: William Porter
(b) Address: St. Joseph, Mo.
17. (a) removal (Burial, cremation, or removal) (b) Date thereof: 12/1/45 (Month) (Day) (Year)
(c) Place: burial or cremation: Los Angeles, Calif.
18. (a) Signature of funeral director: Nestor Bi Rolle & Bowman
(b) Address: 319 South 10th
19. (a) Dec 5-1945 (Date received local registrar) (b) N. J. Westbrook (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 30 year 1945 hour 4 minute 15 A. M.
21. I hereby certify that I attended the deceased from 6/1/45, _____, 19____ to 11/20/45, 19____; that I last saw her alive on 11/27/45, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary occlusion — Duration 1 hr.
Due to: Chronic myocarditis — 1 yr.
Due to: Lobar pneumonia — 3 dy.
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations _____
Of autopsy: no

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? _____ (Specify type of place)
While at work? _____ (e) Means of injury _____
23. Signature: W. M. Zeidlhofer M.D. (M. D. or other)
Address: Kirkpatrick Bldg. Date signed 11/30/45

7428 (Licensed Embalmer's Statement on Reverse Side)

Dr Wayne Toothaker
Kirk Bldg

JAN 21 1946

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 Frank A. Bowman

Licensed Embalmer No. 1710

P. O. Address St Joseph 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.