S. No. 2
M—8-43
7. 5-17-39
I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JAN 21 1946

State File No. 1848

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5519

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: 1020 Vine St. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community About 2 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 1020 Vine St 8
(If rural, give location)

(e) Citizen of foreign country? No 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Porter Willis Waller

3. (b) If veteran, name war World War 1

3. (c) Social Security No. 523-14-5721

4. Sex Male ✓

5. Color or race Negro

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

6. (b) Name of husband or wife unknown

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

7. Birth date of deceased December (Month) 2 (Day) 1894 (Year)

8. AGE: Years	Months	Days	If less than one day
51	0	26	hr. min.

9. Birthplace Roxton (City, town, or county) Texas / (State or foreign country)

10. Usual occupation Crane Laborer

11. Industry or business

FATHER
12. Name Charlie Waller
13. Birthplace De Kalb (City, town, or county) Texas / (State or foreign country)

MOTHER
14. Maiden name Mattie Ashley
15. Birthplace Klondike (City, town, or county) Texas / (State or foreign country)

16. (a) Informant Jessie Mae Sanders
(b) Address 931 N.E.1st. St., Paris, Tex.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/3/'46 (Month) (Day) (Year)
(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director E. Sterling Bell
(b) Address 1212 Vine St., Kansas City, Mo.

19. (a) 12-31-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 28 year 1945 hour 21 minute 9. A. M.

21. I hereby certify that I attended the deceased from ..., 19.. to ..., 19..; that I last saw him alive on ..., 19.. and that death occurred on the date and hour stated above.

Deputy Coroner

Immediate cause of death Hypertensive Heart Disease

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 93 d

Duration

Major findings:
Of operations
Of autopsy No-Permit

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 Thurlow Davis (M. D. or other) Deputy Coroner
Address 2636 Brooklyn Date signed 1-2-46

(Licensed Embalmer's Statement on Reverse Side)

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

100418

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 E. Sterling Bills

Licensed Embalmer No. 3178

P. O. Address K. C. 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.