S. No. 2
M—2-43
. 5-17-39
I X35597

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

1912

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

3894

State File No.

FILED FEB 11 1946

Registration District No. 316 Primary Registration District No. 6075 Registrar's No. 10

1. PLACE OF DEATH:

(a) County St. Francois

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

(c) Name of hospital or institution:
Mo. State Hospital No. 4 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 yrs. 8 mos. (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St.Francois 94

(c) City or town Farmington 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME MARGARET ANN PORTELL

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race W.

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 October (Month) 9, (Day) 1930 (Year)

8. AGE: Years 15 Months 2 Days 26 If less than one day hr. min.

9. Birthplace Cadet (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Student

11. Industry or business

FATHER
12. Name Roger Portell
13. Birthplace Cadet (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Genevieve Boyer
15. Birthplace Old Mines (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Hospital Records
(b) Address Farmington, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-7-46 (Month) (Day) (Year)
(c) Place: burial or cremation Od Mines, Missouri

18. (a) Signature of funeral director C. H. Cozean
(b) Address Farmington, Missouri

19. (a) Jan. 12, 1946 (Date received local registrar) (b) Esther Rudloff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 5
year 1946 hour 1 minute 40 A. M.

21. I hereby certify that I attended the deceased from May 5, 1942, 19, to Jan. 5, 1946, 19;
that I last saw her alive on Jan. 5, 1946, 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Juvenile Paresis — Duration 15 yrs

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 30 h
Of autopsy No autopsy.

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 Gaum Hoctn (M. D. or other)
Address Farmington - Mo Date signed 1/5/46

2 89 (Licensed Embalmer's Statement on Reverse Side)

ISSUED

District Health Officer No. 4

District File Number 246-1728

Date Filed 2-8-46

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 A H Cozzens

Licensed Embalmer No. 4084

P. O. Address Farmington, Me

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.