

No. 2
-8-43
5-17-39
K37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8407

FILED MAR 18 1946

State File No. _____

Registration District No. 10

Primary Registration District No. 3002

Registrar's No. 41

1. PLACE OF DEATH:

(a) County Cudraim

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

(c) Name of hospital or institution? Cudraim Co. Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 20 weeks
(Specify whether _____)

In this community Seventy years
years, months or days

3. (a) PRINT FULL NAME MARY ALICE PORTOR

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F 5. Color or race W

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

6. (b) Name of husband or wife Orville Edward Portor

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

7. Birth date of deceased July 3, 1868
(Month) (Day) (Year)

8. AGE: Years 77 Months 7 Days 24
If less than one day _____ hr. _____ min.

9. Birthplace Montgomery Co. Mo
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or Business _____

12. Name Jerry Hoyt

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

14. Maiden name Mary Hill

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

16. (a) Informant Mrs. Carl Gordon

(b) Address Mexico, Mo.

17. (a) Burial (b) Date there Feb 25 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wellsville, Mo

18. (a) Signature of funeral director F.W. Kuhne

(b) Address Wellsville, Mo

19. (a) Feb 28 1946 (b) Blanche Neely
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Montgomery

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

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

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 26
year 1946 hour 5 minute P M.

21. I hereby certify that I attended the deceased from Feb 12, 1946 to Feb 26, 1946
that I last saw her alive on Feb 26, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Septic thrombosis femoral vein
Due to Bad pneumonia

Other conditions severely
(Include pregnancy within 3 months of death)
Myocarditis Chronic

Major findings:
Of operations _____

Of autopsy 920

Duration

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? _____

While at work? _____ (Specify type of place) _____

23. Signature P.S. Williams (M. D. or other) _____

Address Mexico Mo Date signed 2/27/46

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

4
2

1946

RECEIVED
District Health Officer No. 10
District File Number 2-46-428
Date Filed MAR 15 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 *[Signature]*

Licensed Embalmer No. 3059

P. O. Address Wellsville md

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.