

V. S. No. 2
100M-5-43
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I X36671

14116
State File No.

FILED MAY 14 1946

Registration District No. 28c

Primary Registration District No. 6-966-

Registrar's No. 18

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

1. PLACE OF DEATH:

(a) County Platte
(b) City or town Edgerton-Rural-Preston
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community Lifetime years, months or days)

3. (a) PRINT FULL NAME Joseph Benjamin Porter

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased Sept. 28, 1865
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	80	5	25	_____ hr. _____ min.

9. Birthplace Platte County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business _____

MOTHER FATHER

12. Name Nicholas Clay Porter

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

14. Maiden name Ann Liggett

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

16. (a) Informant Chas. C. Porter
(b) Address Trimble, Mo.

17. (a) Burial (b) Date thereof 3/24/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Zion Cem.

18. (a) Signature of funeral director Rallins Nash
(b) Address Edgerton, Mo.

19. (a) 4-1-46 (b) Ms. Ophelia Rallins
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Platte 83
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 22
year 1946 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Mar. 18
1946, to _____ 19____
that I last saw him alive on Mar. 18 1946
and that death occurred on the date and hour stated above.

Immediate cause of death apoplectic stroke Duration _____

Due to _____

Due to _____

Other conditions mental illness since age 35 yrs.
(Include pregnancy within 3 months of death)
Paresis

Major findings:
Of operations _____

Of autopsy _____

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)
(e) Means of injury _____

23. Signature John A. Robinson (M. D. or other) _____
Address Edgerton, Mo. Date signed 4-1-46

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

**DISTRICT HEALTH OFFICE
Cameron, Mo.**

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.....

Vivian R. Nash

Licensed Embalmer No.....

3947

P. O. Address.....

Edgerton, 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.