

S. No. 2
OM-5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF VITAL RECORDS
THE STATE BOARD OF HEALTH OF MISSOURI
FILED MAY 17 1946 STANDARD CERTIFICATE OF DEATH

State File No. 17215
Registrar's No. 65

Registration District No. 383 Primary Registration District No. 5655

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

1. PLACE OF DEATH:
 (a) County Lawrence
 (b) City or town Mount Vernon, Twp
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Missouri State Sanatorium 0
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 200 days
(Specify whether years, months or days)
 In this community 200 days

3. (a) PRINT FULL NAME Mattie Porter
 3. (b) If veteran, name war no 3. (c) Social Security No. 498-24-0835

4. Sex Female 3 5. Color or race Colored 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 June 16 1902
(Month) (Day) (Year)

8. AGE: Years 43 Months 10 Days 0 If less than one day _____ hr. _____ min.

9. Birthplace Indian Village Miss. /
(City, town, or county) (State or foreign country)
 10. Usual occupation Housework

MOTHER { 11. Industry or business _____
 12. Name Frank Smith
 13. Birthplace Unknown Miss. /
(City, town, or county) (State or foreign country)
 14. Maiden name Matilda Holly
 15. Birthplace Unknown Miss. /
(City, town, or county) (State or foreign country)

16. (a) Informant Ethel McMichael, Record Clerk
Mo. State San. Mount Vernon, Mo.
 (b) Address _____
 17. (a) Removal (b) Date thereof Apr-18-46
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Hayti, Missouri
 18. (a) Signature of funeral director H.D. Frasset
 (b) Address Mount Vernon, Mo.
 19. (a) 4-29-46 (b) H.P. Philbrick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Pemiscot 78
 (c) City or town Hayti 3.
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 16
 year 1946 hour 6 minute 45 p.m.
 21. I hereby certify that I attended the deceased from September 29, 1945, to April 16, 1946,
 that I last saw her alive on April 16, 1946,
 and that death occurred on the date and hour stated above.

Immediate cause of death _____
Pulmonary tuberculosis
 Due to _____
 Duration about 2 yrs.
 Due to _____
 Other conditions _____
(Include pregnancy within 3 months of death)
 Major findings: Of operations _____
 Of 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? _____
 While at work? _____ (Specify type of place) (e) Means of injury _____
 23. Signature C. A. Brasher M.D. (M. D. or other)
 Address Mount Vernon, Mo. Date signed 4-16-46

RECEIVED
District Health Officer No. 67
District File Number 546-555
Date Filed MAY 15 1946

MAY 17 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.....

By me....., Registered Apprentice No.....
working under my personal supervision.

Signed *Mad L. Fossett*.....

Licensed Embalmer No. *4252*.....

P. O. Address *M. Vernon, 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.