

Registration District No. 196

Primary Registration District No. 4308

Registrar's No. 9

1. PLACE OF DEATH:
(a) County McDonald
(b) City or town _____
(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 years, months or days)
In this community 2 months

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County McDonald
(c) City or town Hall
(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 _____

3. (a) PRINT FULL NAME Homer Hugo Porch
3. (b) If veteran, name war Spanish American 3. (c) Social Security _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 6 year 1946 hour 4 minute 0 P. M.
21. I hereby certify that I attended the deceased from 1 PM July 6 1946 to 4 AM July 7 1946 that I last saw him alive on July 6 1946 and that death occurred on the date and hour stated above.

4. Sex MO 5. Color or race W
6. (b) Name of husband or wife Margaret Porch 6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased May - 22 - 1880
(Month) (Day) (Year)

Immediate cause of death Coronary Occlusion Duration 3 hours

8. AGE: Years 66 Months 1 Days 14 If less than one day hr. _____ min. _____

Due to _____
Due to _____

9. Birthplace Pocahontas Tenn
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) _____

10. Usual occupation Drug Salesman

Major findings: Of operations _____

11. Industry or business M. Pike Drug Co.

Of autopsy _____

12. Name J. S. Porch

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

14. Maiden name Leticia Crook

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

16. (a) Informant Margaret Porch

(b) Address Hall Mo

17. (a) Burial (b) Date thereof July 8 - 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cypress Chapel Ark

18. (a) Signature of funeral director E. W. Craft
(b) Address Devilts Ark

19. (a) July 7, 1946 (b) Mrs M. S. Standa
(Date received local registrar) (Registrar's signature)

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 J. D. Fountain (M. D. or other) _____
Address Hall Mo Date signed July 7

MOTHER, FATHER

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

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

RECEIVED

District Health Officer No. 6,

District File Number 746-791

Date Filed JUL 12 1946

AUG 22 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 E R Pyatt

Licensed Embalmer No. 3211

P. O. Address Greenville Ark.

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.

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1. PLACE OF DEATH:

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

3. (a) PRINT FULL NAME

Homer H. Poach

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

4. Sex m 5. Color or race W 6. (a) Single, widowed, married, divorced m

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

7. Birth date of deceased May 22
 (Month) (Day) (Year)

8. AGE: Years 66 Months _____ Days _____ (Less than one day) _____ hr. _____ min.

9. Birthplace _____ (City, town, or county) _____ (State or foreign country?) Iowa

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
 (Burial, cremation, or removal)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) Mrs. M. S. Stanbury
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
 (c) City or town _____ (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 _____ year 1976 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____; that I last saw him _____ alive on _____ 19____; and that death occurred on the date and hour stated above. Immediate cause of death _____

Duration _____

Due to _____

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 _____ (M. D. or other) _____

Address _____ Date signed _____

SUPPLEMENTARY 1976

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

MOTHER FATHER

24207