

FILED NOV 25 1946
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1000

Registration District No.

Primary Registration District No.

Registrar's No. **1276**

1. PLACE OF DEATH:

(a) County Budweiser

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

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

(d) Length of stay: In hospital or institution 1 month 4 days
(Specify whether years, months or days)

In this community 1 month 4 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 7501 Warmall Road
(If rural, give location)

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

If yes, name country.....

3. (a) PRINT FULL NAME CLAUDE E. PORTER

MEDICAL CERTIFICATION

3. (b) If veteran, name war. No

3. (c) Social Security No. None

20. DATE OF DEATH: Month 11 day 13
year 1946 hour 10 minute 45 P. M.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Grace Beecher

6. (c) Age of husband or wife if alive 36 years

7. Birth date of deceased 11-22-1887
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 10-10-1946 to 11-13-1946
that I last saw him alive on 11-13-1946
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
<u>58</u>	<u>11</u>	<u>21</u>		hr. min.

Immediate cause of death Secondary cerebral hemorrhage

Due to Cerebral arterio sclerosis Duration 1 day

Due to.....

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

Other conditions Diabetes Mellitus 8 years

Previous cerebral hemorrhage 7 1/2 years ago

Major findings: 61

Of operations.....

Of autopsy.....

Underline the cause to which death should be charged statistically.

10. Usual occupation Chemist

11. Industry or business Chemistry

12. Name Charles Porter

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

14. Maiden name Eunna Kimmel

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

16. (a) Informant Mr. Lawrence Jones

(b) Address 5220 Mission Rd. K.C. Mo.

17. (a) burial (b) Date thereof 11-15-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill N.C. Mo.

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.....

18. (a) Signature of funeral director Flowers Funeral Home

(b) Address St. Joseph Mo.

19. (a) NOV. 20, 1946 (b) Jayne Anna Hefley
(Date received local registrar) (Registrar's signature)

23. Signature J. H. Manner (M. D. or other) 0

Address State Hospital no. 2 Date signed 11-13-46

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

11
17

34002

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.....

John Roy Stamer

Licensed Embalmer No.....

2435

P. O. Address.....

St. Joseph

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.