

FILED DEC 23 1946

State File No.

Registration District No. 251Primary Registration District No. 3048Registrar's No. 185

1. PLACE OF DEATH:

(a) County Nodaway
 (b) City or town Maryville, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
525 West 1st
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community 5 Years.
 years, months or days)

3. (a) PRINT FULL NAME Lola M. Porter

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

4. Sex Female / 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed
 6. (b) Name of husband or wife Wiley B. Porter (Deceased) 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased September 24, 1862
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>84</u>	<u>2</u>	<u>10</u>	hr. _____ min.

9. Birthplace Fresno Ohio
(City, town, or county) (State or foreign country)10. Usual occupation Housewife11. Industry or business None12. Name Daniel Lockard13. Birthplace Unknown
(City, town, or county) (State or foreign country)14. Maiden name Unknown15. Birthplace Unknown
(City, town, or county) (State or foreign country)16. (a) Informant Mrs. Bessie Strong(b) Address Maryville, Mo.17. (a) Burial (b) Date thereof 12/5/46
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Cameron, Mo.18. (a) Signature of funeral director Patricia Kinnel Home(b) Address Maryville, Missouri19. (a) Dec 4, 46 (b) Bess Holt
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway 74
 (c) City or town Maryville
 (If outside city or town limits, write "RURAL") 1
 (d) Street No. 525 West 1st St.,
 (If rural, give location) 2
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 4th
year 1946 hour 12:30 minute A. M.

21. I hereby certify that I attended the deceased from Sept 1 1946 to Dec 4 1946
 that I last saw her alive on Nov. 25 1946
 and that death occurred on the date and hour stated above.
 Immediate cause of death Heart Failure Duration _____

Due to Myocardial Regeneration
Malnutrition & Similar
 Due to _____

Other conditions
(Include pregnancy within 3 months of death)Major findings:
Of operations 93D

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 Dr. T. Bell (M. D. or other) M.D.Address Maryville, Mo. Date signed 12/4/46

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.....

..... Licensed Embalmer No.....

..... Q. Address.....

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.

**FLORIDA HEALTH OFFICE
CAMERON, MO.**