

FILED MAR 21 1947

Registration District No. **2039** Primary Registration District No. **3042**

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

1. PLACE OF DEATH:
 (a) County **Marion**
 (b) City or town **Narribol**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
608 Lemon St 1
 (If not in hospital or institution, file street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Mo** (b) County **Marion 64**
 (c) City or town **Narribol 2**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **608 Lemon 4**
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **Allen Porter**
3. (b) If veteran, name war _____ **3. (c) Social Security** No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **2** day **26**
 year **47** hour **12** minute **10 AM**
21. I hereby certify that I attended the deceased from **2-26**, 19**47**, to **2-26**, 19**47**
 that I last saw him alive on **2-26**, 19**47**
 and that death occurred on the date and hour stated above.

4. Sex **Male** **5. Color or race** **Negr**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Sarah** **6. (c) Age of husband or wife if**
 alive _____ years
7. Birth date of deceased **3** **14-18-79**
 (Month) (Day) (Year)

Immediate cause of death _____
Cerebral Hemorrhage and
Cardiac Thrombosis
 Duration _____

8. AGE: Years **68** Months **9** Days **12** If less than one day
 hr. _____ min. _____

Due to _____
 Due to _____

9. Birthplace **Pike Co Mo**
 (City, town, or county) (State or foreign country)
10. Usual occupation **Fabron**

Other conditions (Include pregnancy within 5 months of death) _____

11. Industry or business _____
12. Name **Robert Porter**
13. Birthplace **Pike Co Mo**
 (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace **9**
 (City, town, or county) (State or foreign country)

PHYSICIAN
 Major findings: _____
 Of operations **43A**
 Of autopsy _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant **Alvare Porter 1**
(b) Address **608 Lemon St**
17. (a) Burial, cremation, or removal **Burial** **(b) Date thereof** **3 3 47**
 (Month) (Day) (Year)
(c) Place: burial or cremation **Baptist Cem**
18. (a) Signature of funeral director **Geo E Roberts**
(b) Address **Narribol Mo**
19. (a) 3-4-47 **(b) Dr E M Lucke**
 (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) (b) Means of injury _____
23. Signature **P. W. Fox** (M. D. or other) _____
Address **1216 Center** **Date signed** **3-1-47**

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 Gas E. Roberts
Licensed Embalmer No. 2113
P. O. Address Hannibal 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.