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0M—5-43
ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 26 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 17743

Registration District No. 154 Primary Registration District No. 5575 Registrar's No. 14

1. PLACE OF DEATH:
(a) County JACKSON
(b) City or town HICKMAN MILLS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 99TH AND BLUE RIDGE ROAD
(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 LIFETIME

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON 48
(c) City or town HICKMAN MILLS 0
(If outside city or town limits, write "RURAL")
(d) Street No. 99TH AND BLUE RIDGE ROAD 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ---

3. (a) PRINT FULL NAME MRS. LOTTIE LUCENA PORTER
3. (b) If veteran, name war No
3. (c) Social Security No. NONE
4. Sex FEMALE
5. Color or race WHITE
6. (a) ~~Single, widowed~~, married, ~~divorced~~ MARRIED
6. (b) Name of husband ~~or wife~~ ROY A. PORTER
6. (c) ~~Age of husband or wife if alive~~ 62 years
7. Birth date of deceased JUNE (Month) 2 (Day) 1888 (Year)
8. AGE: Years 59 Months 11 Days 9 If less than one day hr. min.
9. Birthplace INDEPENDENCE (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation HOUSEWIFE
11. Industry or business AT HOME
FATHER 12. Name JAMES A WOOD
13. Birthplace SANDUSKY (City, town, or county) OHIO (State or foreign country)
MOTHER 14. Maiden name LOTTIE J. PAUL
15. Birthplace UNKNOWN (City, town, or county) NEW YORK (State or foreign country)
16. (a) Informant MR. ROY A. PORTER
(b) Address 99TH & BLUE RIDGE, HICKMAN MILLS, MO.
17. (a) BURIAL (Burial, ~~cremation, or removal~~) (b) Date thereof MAY-13-1947 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ MT. MORIAH CEMETERY
18. (a) Signature of funeral director D W Newcomer's Sons
(b) Address 1401 BRUSH CREEK BLVD.
19. (a) 5/12/47 (Date received local registrar) (b) Emma G. Hodges (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 11TH year 1947 hour 4 minute 50A M.
21. I hereby certify that I attended the deceased from Nov. 25, 1946 to May 11, 1947 that I last saw ~~him~~ her alive on May 10, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Left cerebral Hemorrhage.
Due to Arteriosclerosis and
Hypertension.
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature R M Lilly (M. D. or other)
Address 243 Waldo Bldg. Kansas City Date signed 5-12-47

(Licensed Embalmer's Statement on Reverse Side)

244 Verby Bldg.
9:45-6
Dr. Hedges - Red Bridge & Crandonickis

OCT 01949

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 Edward M. Storey

Licensed Embalmer No. 4452

P. O. Address K. C. 4 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.