

FILED MAY 19 1947

Registration District No. **374**

Primary Registration District No. **4548**

Registrar's No. **40**

1. PLACE OF DEATH:

(a) County **Worth**
(b) City or town **Worth**
(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 **1 day**
(Specify whether

In this community **1 day**
years, months or days)

3. (a) PRINT FULL NAME **Mollie Bell Porter**

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

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

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

7. Birth date of deceased **October 5 1868**
(Month) (Day) (Year)

8. AGE: Years **78** Months **6** Days **24** If less than one day _____ hr. _____ min.

9. Birthplace **Taswell County Virginia**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business

12. Name **Flame Perry** **9**

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

14. Maiden name **Electra**

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

16. (a) Informant **M. Sally House**

(b) Address **Alledale, Missouri**

17. (a) **Burial** (b) Date thereof **May 1 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Freeland Cemetery**

18. (a) Signature of funeral director **Arch C. Dumble**

(b) Address **Grant City, Mo.**

19. (a) **May 7 1947** (b) **Leta E. Duvon**
(Date received local registrar) (Registrar's signature) **34**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Worth** **1/3**
(c) City or town **Grant City, Mo. Rural**
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) **0**

(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **29**
year **1947** hour **2** minute **30** P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death **Compound injuries received in Worth, Mo. Towajo** **3 mths**
Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____ **187-4**
187-4

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: **113**
(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? **None**

While at work? _____ (Specify type of place) (e) Means of injury **Towajo**

23. Signature **Arch C. Dumble** (M. D. or other) **3 Car.**
Address **Grant City, Mo.** Date signed **5-3-47**

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

13
6
0

DISTRICT HEALTH OFFICE
Cameron, Mo.

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. 3252

P. O. Address: Grant City 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.