

3. No. 2
-12-45
5-17-39
X47070

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21137**

FILED JUL 3 1947

Registration District No. **149**

Primary Registration District No. **1002**

Registrar's No. **2767**

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **4050 Warwick 1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **NO** (Specify whether
In this community **20 years** (Specify whether
years, months or 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. **4050 Warwick** (If rural, give location)
(e) Citizen of foreign country? **no.** (Yes or No)
If yes, name country

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **26**
year **1947** hour **6** minute **P** M.
21. I hereby certify that I attended the deceased from
February 28, 19 **30** to **June 26,** 19 **47**
that I last saw him **or** alive on **June 26,** 19 **47**,
and that death occurred on the date and hour stated above.

4. Sex **Female** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **widow**
6. (b) Name of husband or wife **Walter R. Porter Dec.** 6. (c) Age of husband or wife if
alive **-** years
7. Birth date of deceased **2 28 1886**
(Month) (Day) (Year)

Immediate cause of death
Arteriosclerosis
Coronary Thrombosis
Due to **Hypertension**
Due to **auricular fibrillation**
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations **830**
Of autopsy

8. AGE: Years **81** Months **3** Days **28**
If less than one day hr. min.

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

10. Usual occupation

11. Industry or business **at home**

12. Name **Joshua Griffith**
13. Birthplace **Illinois**
(City, town, or county) (State or foreign country)
14. Maiden name **Elizabeth**
15. Birthplace **Pa.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Miss Hazel Porter**
(b) Address **4050 Warwick**

17. (a) (Burial, cremation, or removal) **Joplin Mo** (b) Date thereof **6/26/47**
(Month) (Day) (Year)

(c) Place: burial or cremation **Joplin Mo**
18. (a) Signature of funeral director **Bine McClure**
(b) Address **Kansas City Mo**

19. (a) **6-28-47** (b) **Shirley Holmes**
(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) (e) Means of injury

23. Signature **H.P. Boynton** (M. D. or other) **M.D.**
Address **315 Alameda Rd., K.C., Mo.** Date signed **6/27/47**

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

MOTHER FATHER

v

Dr. J. Boushman
Palmer, Calif.

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 Robert H Reed
Licensed Embalmer No. 3745
P. O. Address. 140 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.