

FILED NOV 8 1947
Registration District No. 749

Primary Registration District No. 1002

Registrar's No. 4581

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:
St. Joseph Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10-19-47 to 10-30-47
(Specify whether years, months or days)

In this community 5 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Raytown
(If outside city or town limits, write "RURAL")

(d) Street No. 6546 Raytown Road
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Emma Florence Porter

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex female race white

5. Color or race white

6. (a) Single, widowed, married, divorced divorced

6. (b) Name of husband or wife William Porter

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

7. Birth date of deceased September 16, 1856
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>91</u>	<u>1</u>	<u>14</u>	hr. min.

9. Birthplace Burlington, Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business

12. Name Allen Crocker

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

14. Maiden name Sarah Rogers

15. Birthplace Bloomington, Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. C. E. Enright

(b) Address 6546 Raytown Road

17. (a) burial (b) Date thereof 11-1-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah

18. (a) Signature of funeral director E. Clark Fegert

(b) Address Raytown, Mo.

19. (a) 11-1-47 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MOTHER FATHER

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

MEDICAL CERTIFICATION

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

21. I hereby certify that I attended the deceased from 10-19-47 to 10-30-47
that I last saw her alive on 10-30-47 and that death occurred on the date and hour stated above.

Immediate cause of death uremic coma

Due to senility and fall on floor

Due to simulating broken right hip

Due to X-ray did not reveal any fractures

Other conditions senility
(Include pregnancy within 3 months of death)

Major findings: Of operations 18/10

Of autopsy 10

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence 10-19-47

(c) Where did injury occur? Raytown, Jackson, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? at home

While at work no (Specify type of place)

(e) Means of injury fall

23. Signature J. H. Kasper (M. D. or other) Date signed 11-4-47

Duration

10 days

11 days

PHYSICIAN

Underline the cause of which death should be charged statistically.

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.....

P. O. 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.

10. Usual occupation Housewife

11. Industry or business —

MOTHER FATHER { 12. Name Allen Crocker

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

MOTHER FATHER { 14. Maiden name Bessie Rogers

15. Birthplace Bloomington Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs C. E. Knight

(b) Address 6546 Raytown Rd. Raytown Mo.

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

(c) Place: burial or cremation Mt. Moriah Cemetery

18. (a) Signature of funeral director E. Clark Beget

(b) Address Raytown Mo.

19. (a) 11-1-47 (b) Sheraldine Holme
(Date received local registrar) (Registrar's signature)

Other conditions Sensitivity
(Include pregnancy within 6 months of death)

Major findings:
Of operations 196^{ow}
18

Of autopsy —

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) fall on floor

(b) Date of occurrence Oct 19, 1947

(c) Where did injury occur? Residence
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Yes on floor in house
(Specify type of place)

While at work? No (e) Means of injury unknown

23. Signature J. H. Johnson (M. D. or other)

Address Raytown Mo. Date signed 10-31-47

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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

E. Clark Heger

Licensed Embalmer No.

3983

P. O. Address

Raytown, 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.