

No. 2  
 M-5-43  
 v. 5-17-39  
 I X38671

FILED DEC 3 1947

Registration District No. 241

Primary Registration District No. 4360

State File No. \_\_\_\_\_

Registrar's No. 40

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

1. PLACE OF DEATH: **New MADRID**  
 (a) County **New Madrid**  
 (b) City or town **PORTAGEVILLE**  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: **None**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
 In this community **Yes** years, months or days \_\_\_\_\_ (Specify whether)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State **Mo** (b) County **New Madrid**  
 (c) City or town **Portageville, Mo.**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Tobitha Elnora Portwood**  
 3. (b) If veteran, name war \_\_\_\_\_  
 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month **Nov.**, day **15**, year **1947**, hour \_\_\_\_\_, minute \_\_\_\_\_, M.

4. Sex **Female** 5. Color or race **W**  
 6. (a) Single, widowed, married, divorced **married**  
 (b) Name of husband or wife **Philip Portwood**  
 6. (c) Age of husband or wife if alive **77** years  
 7. Birth date of deceased **JAN 16 1872**  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Nov.**, 19**47** to **Only on**, 19**47**;  
 that I last saw her alive on **Nov.**, 19**47**;  
 and that death occurred on the date and hour stated above.  
 Immediate cause of death **Sudden heart failure** Duration \_\_\_\_\_

8. AGE: Years **75** Months **9** Days **29** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to **Endocarditis & valvular insufficiency**

9. Birthplace **POLK COUNTY ILL**  
 (City, town, or county) (State or foreign country)

Due to **Senility & primary anaemia resulting from malnutrition.**

10. Usual occupation **Housewife**

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

11. Industry or business \_\_\_\_\_  
 12. Name **JAMES P. FORD**  
 13. Birthplace **CLARKSVILLE TENN**  
 (City, town, or county) (State or foreign country)  
 14. Maiden name **MARTHA JANE NIETZKE**  
 15. Birthplace **DONT KNOW 9**  
 (City, town, or county) (State or foreign country)

PHYSICIAN \_\_\_\_\_  
 Major findings: Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

16. (a) Informant **CASTLE PORTWOOD**  
 (b) Address **PORTAGEVILLE MO**  
 17. (a) **BURIAL** (Burial, cremation, or removal) (b) Date thereof **11-16-47**  
 (Month) (Day) (Year)  
 (c) Place: burial or cremation **PORTAGEVILLE MO**

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? \_\_\_\_\_

18. (a) Signature of funeral director **AGNES FUNERAL PARLOR**  
 (b) Address **PORTAGEVILLE MO**  
 19. (a) **11-15-47** (Date received local registrar)  
 (b) **Ellen De Lesle** (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_  
 23. Signature **A. G. Ruler** (M. D. or other) \_\_\_\_\_  
 Address **Portageville, Mo.** Date signed **11-17-47**

RECEIVED

District Health Office No. 2

District File Number 7247-~~4168~~153

Date Filed 12-1-47

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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 Not Embalmed

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.**