

FILED AUG 11 1948

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 22534

Registration District No. 68

Primary Registration District No. 4119

Registrar's No. 28

## 1. PLACE OF DEATH:

(a) County Christian  
(b) City or town Ozark Mo.  
(c) Name of hospital or institution Residence 1  
(If outside city or town limits, write "RURAL" and name of township)

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether

In this community \_\_\_\_\_ years, months or days) 3 year

3. (a) PRINT FULL NAME Eugene Porter

3. (b) If veteran, name war World War 3. (c) Social Security No. \_\_\_\_\_

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

6. (b) Name of husband or wife Alma Porter 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased July 31 1894  
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day  
5 3 11 4 hr. min.9. Birthplace Virginia  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Poor Health

11. Industry or business \_\_\_\_\_

12. Name George Porter

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

14. Maiden name Elizabeth Porter

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

16. (a) Informant Alma Porter

(b) Address Ozark Mo.

17. (a) Burial, cremation, or other (b) Date thereof July 7-48  
(Month) (Day) (Year)

(c) Place: burial or cremation Chatham Cemetery

18. (a) Signature of funeral director T. B. Chaffin

(b) Address Ozark Mo.

19. (a) Date received local registrar July 28-1948 (b) Registrar's signature Thelma M. Leonard

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Christian  
(c) City or town Ozark Mo.  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

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

If yes, name country \_\_\_\_\_

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5<sup>th</sup>  
year 1948 hour 3 minute A. 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 acute indigestion  
Duration \_\_\_\_\_

Due to \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 3

23. Signature J. W. Maples Coroner (M. D. or other)

Address Clever, Mo. Date signed 7-5-48

RECEIVED

District Health Officer No. 6,

District File Number: 8-48-865

Date Filed: AUG 10 1948

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: *T. B. Chaffin*

Licensed Embalmer No. *2192*

P. O. Address: *Clark, Pa.*

**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.