o. 2
/47
7-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED NOV 9 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32686

Registration District No. 131 Primary Registration District No. 4202 Registrar's No.

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

1. PLACE OF DEATH:
(a) County GRUNDY
(b) City or town SPICKARD
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(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)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County GRUNDY 40
(c) City or town SPICKARD 0
(If outside city or town limits, write "RURAL") 0
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME SARAH ELIZABETH PORTERFIELD
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex FEMALE 1
5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOWED 2
6. (b) Name of husband or wife EVERETT PORTERFIELD
6. (c) Age of husband or wife if alive years
7. Birth date of deceased JAN. (Month) 6 (Day) 1863 (Year)

8. AGE: Years 85 Months 9 Days 18 If less than one day hr. min.

9. Birthplace LOCK SPRINGS MO. (City, town, or county) (State or foreign country)
10. Usual occupation HOUSE WIFE
11. Industry or business
FATHER
12. Name JAMES M. MINNICK
13. Birthplace VIRGINIA (City, town, or county) (State or foreign country) 1
MOTHER
14. Maiden name ADELINE McKINNEY
15. Birthplace TENN (City, town, or county) (State or foreign country) 1
16. (a) Informant E.D. PORTERFIELD
(b) Address SPICKARD MO.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof OCT-26-1948 (Month) (Day) (Year)
(c) Place: burial or cremation LOCK SPRINGS MO. CEM.
18. (a) Signature of funeral director SCHOOLER FUNERAL HOME
(b) Address SPICKARD MO
19. (a) Oct 28, 1948 (Date received local registrar) (b) Mrs Nathan Cooper (Registrar's signature) 114

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCT day 24 year 1948 hour 6 minute 00 A.M.
21. I hereby certify that I attended the deceased from Oct 23 1948 to Oct 23 1948 that I last saw her alive on 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Influenza	4 Do
Intermediate old age	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 3 B	
Of autopsy 3	

PHYSICIAN
Underline the cause of 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? (Specify type of place) 0
While at work? (e) Means of injury
23. Signature E W Ewing (M. D. or other)
Address Spickard Mo Date signed 10-25/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 Ross Wise

Licensed Embalmer No. 3771

P. O. Address Spickard 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.