

**FILED FEB 14 1947**  
Registration District No. 279

Primary Registration District No. 5791

Registrar's No. 2

1. PLACE OF DEATH:

(a) County Moniteau Co  
(b) City or town Rural  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
California, Mo. Star Rt  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: in hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community Life  
years, months or days \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. California, Mo. Star Rt  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME John Roy Porter

3. (b) If veteran, name war War # 1  
3. (c) Social Security No. NO

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

6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Feb 11 1895  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>51</u>	<u>11</u>	<u>28</u>	hr. _____ min. _____

9. Birthplace Moniteau Co  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

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

12. Name Ebenezer Porter

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

14. Maiden name Minnie Rackers

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

16. (a) Informant Oscar L. Porter  
(b) Address California, Mo. Star Rt

17. (a) Burial (b) Date thereof Feb. 11, 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Cem

18. (a) Signature of funeral director Bowlin Funeral Home  
(b) Address California, Mo.

19. (a) 2/11/47 (b) C. H. Nail  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 8  
year 1947 hour 11/40 minute A M.

21. I hereby certify that I attended the deceased from Dec 17  
1946 to Feb. 8 1947  
that I last saw him alive on Feb. 6 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia (chronic)  
Duration 6 years.

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

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

Major findings: 106 B  
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? 21

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

23. Signature [Signature] (M., D., or other) MD  
Address California, Mo. Date signed 2/12/47

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

1948

MAY 13 1947

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 me

....., Registered Apprentice No.....  
working under my personal supervision.

Signed Earl R. Boulton

Licensed Embalmer No. 2126

P. O. Address California, 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.