

ENTR ALL DATA IN THIS ORDER:
 DATES: 14 Apr 1794
 NAMES: WATSON, John Henry
 PLACES: Sharon, Windsor, Vt

ENTER ALL DATA IN THIS ORDER:
 DATES: 14 Apr 1794

FAMILY
 GROUP
 RECORD

To indicate that a child is an ancestor of the family representative, place an "X" behind the number pertaining to that child.

SHEET 1

HUSBAND CLARENCE JAMES PORTER JR

Born 13 APR 1890 Place WATERLOO, DEKALB, IND
 Chr. Place
 Marr. 6 NOV 1916 Place HARVEY, COOK, ILL
 Died 17 OCT 1977 Place LONG BEACH, LA, CAL
 Bur. Place AT SEA (CREMATED)

HUSBAND'S FATHER CLARENCE JAMES PORTER SR

HUSBAND'S MOTHER MAE LEVIEA SUTTON

HUSBAND'S OTHER WIVES (2) MARY (MARIE) ELLEN IRWIN

WIFE HATTIE PEARL CLARK

Born 24 APR 1886 Place BARABO, ^{SAUK} WIS
 Chr. Place
 Died 13 OCT 1957 Place HARVEY, COOK, ILL
 Bur. Place HARVEY, COOK, ILL

WIFE'S FATHER

WIFE'S MOTHER

WIFE'S OTHER HUSBANDS

SEX M F	CHILDREN List Each Child (Whether Living or Dead) in Order of Birth SURNAME (CAPITALIZED) GIVEN NAMES	WHEN BORN			WHERE BORN			DATE OF FIRST MARRIAGE TO WHOM	WHEN DIED		
		DAY	MONTH	YEAR	TOWN	COUNTY	STATE OR COUNTRY		DAY	MONTH	YEAR
1 M	CLARENCE WILLARD	6	JUL	1919	HARVEY	COOK	ILL	MARION RATHBONE			
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											

SOURCES OF INFORMATION

OTHER MARRIAGES

HUSBAND CLARENCE JAMES PORTER JR

Born 13 APR 1890 Place WATERLOO, DEKALB, IND
 Chr. Place
 Marr. 9 JUL 1924 Place CHICAGO, COOK, ILL
 Died 17 OCT 1977 Place LONG BEACH, LA, CAL
 Bur. Place AT SEA (CREMATED)

HUSBAND'S FATHER CLARENCE JAMES PORTER SR

HUSBAND'S MOTHER MAE LEVIEIA SUTTON

HUSBAND'S OTHER WIVES HATTIE PEARL CLARK

WIFE MARY (MARIE) ELLEN IRWIN

Born 26 JAN 1902 Place CHICAGO, COOK, ILL
 Chr. 9 FEB 1902 Place CHICAGO, COOK, ILL
 Died 13 MAY 1979 Place SANDA RIVA, OR, CAL
 Bur. Place AT SEA (CREMATED)

WIFE'S FATHER DENNIS WILLIAM IRWIN

WIFE'S MOTHER ELIZABETH ANN FLAHERTY

WIFE'S OTHER HUSBANDS

NAMES: WATSON, John Henry
 PLACES: Sharon, Windsor, Vt
 To indicate that a child is an ancestor of the family representative, place an "X" behind the number pertaining to that child.
 ENTER ALL DATA IN THIS ORDER:
 DATES: 14 Apr 1794

SEX M F	CHILDREN List Each Child (Whether Living or Dead) in Order of Birth SURNAME (CAPITALIZED) GIVEN NAMES	WHEN BORN			WHERE BORN			DATE OF FIRST MARRIAGE	WHEN DIED		
		DAY	MONTH	YEAR	TOWN	COUNTY	STATE OR COUNTRY	TO WHOM	DAY	MONTH	YEAR
1								12 Oct 1946			
M	RAYMOND JAMES	11	NOV	1925	CHICAGO	COOK	ILL	WINIFRED JEAN CARLISLE			
2								22 Oct 1949	08 Nov 1988		
M	NORMAN HOWARD	12	FEB	1927	"	"	"	DELORES MARIE FORGUE			
3											
4											
5											
6											
7											
8											
9											
10											
11											

SOURCES OF INFORMATION

OTHER MARRIAGES

INDIANA STATE BOARD OF HEALTH
DIVISION OF VITAL RECORDS
Indianapolis

CERTIFICATE OF BIRTH

This Certifies, that according to the records of the State Board of Health

Name..... Clarence James Porter.....

Was born in..... DeKalb County....., Indiana, on..... April 13..... Year..... 1890.....


Child of..... Clarence J. and Mae Porter.....

Birthplace of father..... New York..... Birthplace of mother..... Michigan.....

Record was filed..... February 1948..... Volume..... D-1479..... Certificate..... 58409.....

CERTIFICATE ISSUED ON AFFIDAVIT

SEAL


.....
Director, Division of Vital Records

Issued..... February 25..... 19 48.....

MICHAEL J. FLYNN

COUNTY CLERK

BUREAU OF VITAL STATISTICS — 160 NORTH LA SALLE STREET
CHICAGO, ILLINOIS

CERTIFICATE OF BIRTH

1. PLACE OF BIRTH County of <u>Cook</u>		Registration <u>3104</u>	D. S.	STATE OF ILLINOIS DWIGHT H. GREEN, Governor Department of Public Health Division of Vital Statistics
City of <u>Chicago</u>		Dist. No. <u>3104</u>		
*Select the three terms not applicable by not mark "R. B.", "P. D.", or other P. O. address.)		Primary Dist. No. <u>3104</u>	Street and Number <u>1242 West 49th St</u>	ORIGINAL

2. FULL NAME AT BIRTH MARIE ELLEN IRWIN

3. Sex <u>FEMALE</u>	4. Twin, Triplet, or other (To be answered only in the event of plural births.)	5. Number in order of birth	6. Legitimate? <u>Y</u>	7. Date of birth <u>JAN 26 1942</u> (Month) (Day) (Year)
-------------------------	---------------------------------------------------------------------------------------	--------------------------------	----------------------------	----------------------------------------------------------------

8. Full Name <u>Dennis W. Irwin</u>		14. Full Maiden Name <u>Ellen Flaherty</u>	
9. Residence at time of this birth <u>1242 West 49th St</u>		15. Residence at time of this birth <u>1242 West 49th St</u>	
10. Color <u>White</u>	11. Age at time of this birth <u>21</u>	16. Color <u>White</u>	17. Age at time of this birth <u>21</u>
12. Birthplace (City or Place) <u>Heaton</u> (State, Province, or Territory) <u>Illinois</u>		18. Birthplace (City or Place) <u>Heaton</u> (State, Province, or Territory) <u>Illinois</u>	
13. Occupation (Nature of Industry) <u>Switman</u>		19. Occupation (Nature of Industry) <u>Housewife</u>	

20. (a) Number of children born to this mother at the time of
and including this birth 1 (b) Number of children living at the time of
and including this birth 1

21. I HEREBY CERTIFY that I was the Attendant at this Birth.

Signed D. DEASDA Date Jan 26 1942

Address _____ (Month) (Day) (Year)

IF SIGNATURE OF BIRTH ATTENDANT IS OBTAINABLE, AN AFFIDAVIT IS NOT REQUIRED.

STATE OF Illinois
County of Cook

I HEREBY CERTIFY that I had actual knowledge of the facts as stated in this RECORD OF BIRTH at the time the birth occurred,
and know them to be true; and that I am related to this person as 112th - R

Signature Elizabeth J. Murphy
Present Address 852 Co. Park Ave

Subscribed to, and sworn before me this 25 day of January, 1942

Notary Public

SEAL

AUG 26 1942

Foot Office Address _____ Registrar

STATE OF ILLINOIS,
County of Cook, ss.

I, MICHAEL J. FLYNN, County Clerk of the County of Cook, in the State aforesaid, and
Keeper of the Records and Files of said County, do hereby certify that the attached is a true and correct
copy of the Original Record on file, all of which appears from the records and files in my office.

IN WITNESS WHEREOF, I have hereunto set my hand and
affixed the Seal of the County of Cook, at my office in the City of Chicago,
in said County.

Michael J. Flynn
County Clerk.



CERTIFICATE OF DEATH

STATE FILE NUMBER

STATE OF CALIFORNIA—DEPARTMENT OF HEALTH

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA	1a. NAME OF DECEASED—FIRST NAME Clarence			1b. MIDDLE NAME James			1c. LAST NAME Porter			2a. DATE OF DEATH—MONTH, DAY, YEAR 10-17-77			2b. HOUR 02:45 A				
	3. SEX Male		4. COLOR OR RACE Caucasian		5. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Indiana			6. DATE OF BIRTH 4-13-90			7. AGE (LAST BIRTHDAY) 87			IF UNDER 1 YEAR BIRTH DATE		IF UNDER 24 HOURS BIRTH DATE	
	8. NAME AND BIRTHPLACE OF FATHER Clarence James Porter 7 New York						9. MAIDEN NAME AND BIRTHPLACE OF MOTHER May Sutton/Michigan										
	10. CITIZEN OF WHAT COUNTRY United States				11. SOCIAL SECURITY NUMBER 318-05-5396				12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married			13. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME) Marie E. Irwin					
	14. LAST OCCUPATION Machinist			15. NUMBER OF YEARS IN THIS OCCUPATION 40			16. NAME OF LAST EMPLOYING COMPANY OR FIRM (IF STATE EMPLOYED, SO STATE) Commercial Company			17. KIND OF INDUSTRY OR BUSINESS Steel fabrication							
PLACE OF DEATH	18a. PLACE OF DEATH—NAME OF HOSPITAL OR OTHER IN-PATIENT FACILITY Shea Convalescent Hospital,						18b. STREET ADDRESS—(STREET AND NUMBER, OR LOCATION) 455 Columbia Ave.,						18c. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO) Yes				
	18d. CITY OR TOWN Long Beach,						18e. COUNTY Los Angeles			18f. LENGTH OF STAY IN COUNTY OF DEATH 20 Yrs.			18g. LENGTH OF STAY IN CALIFORNIA 20 Yrs.				
USUAL RESIDENCE (IF DEATH OCCURRED IN INSTITUTION, ENTER RESIDENCE BEFORE ADMISSION)	19a. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) 2300 Arlington Ave.,						19b. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO) Yes			20. NAME AND MAILING ADDRESS OF INFORMANT Marie Ellen Porter 2300 W. Arlington Street Long Beach California							
	19c. CITY OR TOWN Long Beach,			19d. COUNTY Los Angeles			19e. STATE California										
PHYSICIAN'S OR CORONER'S CERTIFICATION	21a. CORONER: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I HAVE HELD ON THE REMAINS OF DECEASED AS REQUIRED BY LAW. (INVESTIGATION OR INQUEST)			21b. PHYSICIAN: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I ATTENDED THE DECEASED. FROM: FROM THE CAUSES STATED BELOW AND THAT I ATTENDED THE DECEASED. ENTER MONTH, DAY, YEAR. FROM: ENTER MONTH, DAY, YEAR. TO: ENTER MONTH, DAY, YEAR. AND: ENTER MONTH, DAY, YEAR. 3-10-77 / 10-17-77 / 10-12-77			21c. PHYSICIAN OR CORONER—SIGNATURE AND DEGREE OR TITLE <i>William H. ...</i>			21d. DATE SIGNED 10-17-77			21e. PHYSICIAN'S CALIFORNIA LICENSE NUMBER 1-1568				
	21e. ADDRESS 16415 S. Colorado Parkway																
FUNERAL DIRECTOR AND LOCAL REGISTRAR	22a. SPECIFY BURIAL, ENTOMBMENT OR CREMATION Cremation			22b. DATE 10-19-77			23. NAME OF CEMETERY OR CREMATORY Sunnyside Mortuary			24. EMBALMER—SIGNATURE (IF BODY EMBALMED) LICENSE NUMBER Body not embalmed							
	25. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Sunnyside Mortuary						26. IF NOT CERTIFIED BY CORONER, WAS THIS DEATH REPORTED TO CORONER? (SPECIFY YES OR NO) No			27. LOCAL REGISTRAR—SIGNATURE <i>Liston A. Witherill</i>			28. DATE RECEIVED FOR REGISTRATION BY LOCAL REGISTRAR OCT 19 1977				
CAUSE OF DEATH	29. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A) Cerebral hemorrhage, acute												APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
	CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST. (B) cerebral arteriosclerosis																
30. PART II. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I. Carcinoma of prostate													31. WAS OPERATION OR BIOPSY PERFORMED FOR ANY CONDITION IN ITEMS 29 OR 30? (SPECIFY OPERATION AND/OR BIOPSY) no	32a. AUTOPSY (SPECIFY YES OR NO) no	32b. IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? (SPECIFY YES OR NO)		
MEDICAL AND HEALTH DATA	33. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE			34. PLACE OF INJURY (SPECIFY HOME, FARM, FACTORY, OFFICE, BUILDING, ETC.)			35. INJURY AT WORK (SPECIFY YES OR NO)			36a. DATE OF INJURY—MONTH, DAY, YEAR			36b. HOUR				
	37a. PLACE OF INJURY (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)						37b. DISTANCE FROM PLACE OF INJURY TO USUAL RESIDENCE. ITEM 19. MILES			38. WERE LABORATORY TESTS DONE FOR DRUGS OR TOXIC CHEMICALS (SPECIFY YES OR NO)			39. WERE LABORATORY TESTS DONE FOR ALCOHOL? (SPECIFY YES OR NO)				
	40. DESCRIBE HOW INJURY OCCURRED (ENTER SEQUENCE OF EVENTS WHICH RESULTED IN INJURY. NATURE OF INJURY SHOULD BE ENTERED IN ITEM 29)																
STATE REGISTRAR	A.	B.	C.	D.	E.	F.	01-9-1-070										

REV. 7-1-73 FORM VS-11

12338-450 3-73 ZOOM Δ DPP

THIS IS A TRUE CERTIFIED COPY OF THE RECORD FILED IN THE COUNTY OF LOS ANGELES DEPARTMENT OF HEALTH SERVICES IF IT BEARS THIS SEAL IN PURPLE INK.

OCT 21 1977

FEE \$2.00

Liston A. Witherill

Liston A. Witherill, Director of Health Services and Registrar

OFFICE OF AIRPORT SECURITY AT WASHINGTON NATIONAL AIRPORT
87-107-10000
OCT 11 1961
COMM
FEE
AIRPORT SECURITY IS AN AGENCY OF THE DEPT. OF
COMM. OF THE FEDERAL GOVERNMENT. AIRPORT SECURITY
IS A SERVICE OF THE DEPT. OF COMM.

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

3000 02050

STATE FILE NUMBER				LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER							
1A. NAME OF DECEDENT—FIRST Marie		1B. MIDDLE Ellen		1C. LAST Porter		2A. DATE OF DEATH (MONTH, DAY, YEAR) March 11, 1979		2B. HOUR 0330			
3. SEX Female	4. RACE Caucasian	5. ETHNICITY		6. DATE OF BIRTH Jan 26, 1902		7. AGE 77 <small>YEARS</small>	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HOURS HOURS MINUTES			
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY) Illinois			9. NAME AND BIRTHPLACE OF FATHER Dennis Irwin, Ohio			10. BIRTH NAME AND BIRTHPLACE OF MOTHER Elizabeth Flaherty, Missouri					
11. CITIZEN OF WHAT COUNTRY United States		12. SOCIAL SECURITY NUMBER 325 05 6505		13. MARITAL STATUS Widowed		14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME)					
15. PRIMARY OCCUPATION Housewife		16. NUMBER OF YEARS THIS OCCUPATION Adult	17. EMPLOYER (IF SELF-EMPLOYED, SO STATE) Self		18. KIND OF INDUSTRY OR BUSINESS Homemaker						
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) 2300 Arlington Street				19B.		19C. CITY OR TOWN Long Beach					
19D. COUNTY Los Angeles			19E. STATE California		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP Raymond Porter Son 13662 Loretta Drive Tustin California 92680						
21A. PLACE OF DEATH Riverview Hospital			21B. COUNTY Orange								
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION) 1901 North Fairview			21D. CITY OR TOWN Santa Ana								
22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) IMMEDIATE CAUSE											
CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST	(A) Carcinoma of Lung - Rt	DUE TO, OR AS A CONSEQUENCE OF	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	24. WAS DEATH REPORTED TO CORONER? NO	25. WAS BIOPSY PERFORMED? NO	26. WAS AUTOPSY PERFORMED? NO					
	(B) Arterioscl. Heart Disease	DUE TO, OR AS A CONSEQUENCE OF	4 wks	12 wks							
	(C) Constrictive Heart Failure	DUE TO, OR AS A CONSEQUENCE OF	4 wks								
23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH Atrial Fibrillation					27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION NO						
28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. I ATTENDED DECEDENT SINCE (ENTER MO. DA. YR.)		I LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.)		28B. PHYSICIAN—SIGNATURE AND DECREE OR TITLE Solomon Lutsky MD		28C. DATE SIGNED 3/12/79		28D. PHYSICIAN'S LICENSE NUMBER C 31926			
2/1/79		3/10/79		28E. TYPE PHYSICIAN'S NAME AND ADDRESS Solomon Lutsky 1136 W. Edinger, Santa Ana California							
29. SPECIFY ACCIDENT, SUICIDE, ETC.			30. PLACE OF INJURY		31. INJURY AT WORK	32A. DATE OF INJURY—MONTH, DAY, YEAR		32B. HOUR			
33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)					34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)						
35A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. AS REQUIRED BY LAW I HAVE HELD AN (INQUEST- INVESTIGATION)					35B. CORONER—SIGNATURE AND DECREE OR TITLE					35C. DATE SIGNED	

36. DISPOSITION Cremation	37. DATE—MONTH, DAY, YEAR Mar 13, 1979	38. NAME AND ADDRESS OF CEMETERY OR CREMATORY Cypress California Forest Lawn Crematory 4711 Lincoln		39. EMBALMER'S LICENSE NUMBER AND SIGNATURE Not embalmed	
40. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Sunnyside Mortuary			41. LOCAL REGISTRAR—SIGNATURE <i>[Signature]</i>		42. DATE ACCEPTED BY LOCAL REGISTRAR MAR 13 1979

STATE REGISTRAR	A.	B.	C.	D.	E.	F.
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THIS IS TO CERTIFY, IF IMPRESSED WITH THE SEAL OF THE ORANGE COUNTY HEALTH OFFICER, THAT THIS IS A TRUE COPY OF THE PERMANENT RECORD FILED IN THIS OFFICE.
 Fee: \$3.00 No Fee Government Purposes
 Date: **MAR 15 1979**
 Santa Ana, California
 Health Officer and Local Registrar of Births and Deaths of Orange County
 MORTUARY, S.A.

Deceased MARIE E POTTS

SUNNYSIDE MEMORIAL-PARK
4725 Cherry Avenue, Long Beach, California 90807

Date March 11-1979

RETAIL INSTALLMENT CONTRACT AND SECURITY AGREEMENT

THE UNDERSIGNED, HEREINAFTER REFERRED TO AS "PURCHASER", HEREBY MAKES APPLICATION, SUBJECT TO YOUR APPROVAL, TO PURCHASE THE FOLLOWING INTERMENT PROPERTY, SERVICES, AND/OR COMMODITIES; AND UPON ACCEPTANCE HEREBY AUTHORIZES SUNNYSIDE MEMORIAL-PARK TO FURNISH THE FOLLOWING:

MORTUARY SERVICES AND FACILITIES The following services and facilities are available regardless of the price of the casket selected. Removal of the remains to the mortuary (from anywhere within a 60 mile radius), embalming and other professional care and preparation, use of the funeral coach, slumber room, services of a funeral director and assistants at church and place of interment, permit and filing, demountable casket carriers when used, organ music, care of flowers and accompanying cards from donors and cards for the family to acknowledge the floral tribute. Also included are service personnel for traffic direction, flower handling and placement both in the church and at the interment location, accompanying the service to the interment location and church care and maintenance. The use of a Sunnyside Chapel is available without charge. Our adult casket prices range from \$125 to \$3,950, and are plainly marked. Selection is made in privacy by the family alone. Special caskets may be obtained at higher prices.

					Mortuary Services & Facilities	\$ 347 00
					Casket	\$ 19 00
News Notice \$ <u>short</u>	Memory Folder \$ <u>e</u>	Casket Bearers \$ <u>e</u>	Limosine \$ <u>e</u>	Assistance To Mortuaries \$ <u>e</u>		
Flowers						
Sales Taxes					114	
Cash Advanced	Ministers Honorarium \$ <u>e</u>	Certified Copies \$ <u>6.00</u>	Soloist \$ <u>e</u>			6 00
SUB. TOTAL, PURCHASES FROM SUNNYSIDE MEMORIAL-PARK, MORTUARY					273 14	

Interment Property: <u>Disposition at Sea</u>					28 50	
Committal, Interment (Burial), Title and Recording Charges include the following items, dependent upon ground or mausoleum interment: Administrative or clerical charges, including accounting, title search and recording, legal requirements, verifying right of interment, checking and recording interment order, scheduling services, making up instructions for workmen, etc.; preparation of interment space with labor, trucks and other equipment for removing sod, digging interment space; removing excess dirt, the use of lowering device, chairs, artificial grass, tarpaulins, brace boards, matting; removing marble crypt or niche front, placing seal slab and refitting marble front, etc.					e	
Other Cemetery Services and Commodities					e	
Concrete Box <input type="checkbox"/> or Concrete Vault <input type="checkbox"/> (includes handling and placement charge) \$ <u>e</u>					Saturday Service Charge \$ <u>e</u>	
Memorial Tablet Number _____ \$ _____					Placement and foundation charge \$ _____	
Lawn Vase or Vase Service Charge \$ <u>e</u>					Tent Service \$ <u>e</u>	
					Cremation \$ <u>15.00</u>	
					Urn \$ _____	
Endowment Care Fund Deposits: Property \$ _____					Memorial Tablet \$ _____	
Sales Taxes					103 50	
SUB. TOTAL, PURCHASES FROM SUNNYSIDE MEMORIAL-PARK, CEMETERY					476 64	

Explanation of Credit, Trade-in, or other Down Payment _____	Cash Price <u>476.64</u>	476 64
_____	Less Down Payment: <u>476.64</u>	
_____	Cash Down Payment _____	
_____	Trade-In _____	
_____	Other _____	
Total Down Payment <u>476.64</u>		476 64
Unpaid Balance of Cash Price — Amount Financed _____		
Finance Charge (Interest Only) _____		
Total of Payments _____		
Deferred Payment Price _____		

The Annual Percentage Rate of the Finance Charge (interest) is 12% simple interest (1% per month) on the amount financed from date of contract with a portion of each monthly payment being credited first to that portion of the finance charge (interest) then being due and the remainder to the unpaid balance of the amount financed. No finance charge (interest) will be made if the full amount of the unpaid balance of the cash price is paid within 60 days from date of contract. Thereafter, if the obligation herein is prepaid, the finance charge (interest) will be made only on the amount of the then unpaid balance of the amount financed from the date hereof to the date of payment in full; any amount paid in excess shall be refunded. Title to the above interment property, if any, shall remain in seller until payment is completed.

The Total of Payments is payable to the office of Seller on _____ or in _____ monthly installments beginning on the _____ day of _____, 19____, in the amount of \$ _____ or more each.

Notice to the Buyer: (1) Do not sign this agreement before you read it or if it contains any blank spaces. (2) You are entitled to a completely filled in copy of this agreement. (3) Under the law, you have the right to pay off in advance the full amount due and to obtain a partial refund of the finance charge, if any, provided for herein. (4) If you desire to pay off in advance the full amount due, the amount of the refund you are entitled to, if any, will be furnished upon request.

You are authorized to have deed issued } Name Disposition for _____
 In Joint Tenancy, } Address _____
 Individually To: } Name _____ for _____
 Address _____

"You, the purchaser, may cancel this transaction at any time prior to midnight of the fifth calendar day after the date of this transaction, provided no interment or substantial service or merchandise has been provided hereunder. To cancel, deliver or mail written notice of your intent to SUNNYSIDE MEMORIAL-PARK — 4725 Cherry Avenue, Long Beach, California 90807

This agreement is subject to the terms and conditions on the reverse side hereof and to rules, regulations, conditions and restrictions now existing or hereafter adopted governing the mortuary and the cemetery. If married, each spouse may apply for a separate account.

Witness [Signature] Purchaser's Signature [Signature]
 Purchaser's Address 13662 KOREIA D. Phone 5440665
 Cosigner's Signature Tustin 72650
 Application Number _____ Accepted: SUNNYSIDE MEMORIAL-PARK
 Deed Number _____ By _____ Seller

TERMS AND CONDITIONS

The Application and Agreement on the reverse side hereof is made and accepted subject to the following express terms and conditions:

Sunnyside Memorial-Park is one cemetery with one Endowment Care fund into which deposits are made by purchasers providing through income for the care and maintenance of all portions of the cemetery. Whenever the term "cemetery" is used herein, it shall mean the cemetery where the property described on the reverse hereof is located and whenever the term "Endowment Care Fund" is used, it shall refer to the Endowment Care Fund which provides income for the care and maintenance of such cemetery. The amount of the deposit in the Endowment Care Fund is fixed from time to time, as provided in Section 8728 of the Health and Safety Code of California, by the Trustees of The Sunnyside Endowment Care Fund, which administers the funds, and which, it is agreed, may commingle for investment purposes the Endowment Care Funds of all cemeteries administered by it.

No right in or to the interment property purchased shall pass until the full amount due hereunder, including the deposit in the Endowment Care Fund, is fully paid and conveyance made as herein provided. Upon such payment Seller agrees to cause to be executed and delivered to Purchaser a Deed and Certificate conveying the interment rights in said cemetery property and setting forth the amount of the Purchaser's deposit in the Endowment Care Fund. Seller has no interest in such deposit and agrees to transfer the same to The Sunnyside Endowment Care Fund as soon as it is paid by Purchaser.

Upon such payment Seller agrees to cause to be executed and delivered to Purchaser a Deed and Certificate conveying the interment rights in said cemetery property and setting forth the amount of the Purchaser's deposit in the Endowment Care Fund. Seller has no interest in such deposit and agrees to transfer the same to Sunnyside Endowment Care Fund as soon as it is paid by Purchaser.

This contract is and the rights to the property hereby are and shall be conveyed to and accepted by Purchaser, subject to all of the rules and regulations now existing or as the same may hereafter be amended, changed, or new rules adopted governing the cemetery, including the particular portion thereof in which said property is located, the care funds, the crematory, the mortuary, and/or any and all businesses conducted in the cemetery, such rules and regulations being on file and subject to examination in the office of the Seller.

The use of removable casket handles, known as "Deluxe Demountable Casket Carriers", on those caskets equipped with same, is an additional service which enhances the appearance of the funeral service and means a saving to the Purchaser. All casket carriers or handles and all lugs and screws used to fasten same to the casket remain at all times the property of the Seller and may be removed prior to interment. Seller reserves and shall have the right to remove and destroy any and all handles and other metal or glass parts or adornments in or on caskets used for cremation services.

The vase service makes available for 10 years a flower vase for a niche or a pair of vases for a crypt. Upon expiration of the period of the service, it may be renewed at the then prevailing price.

If the application on the reverse hereof includes a niche which is one of several enclosed by a single niche front, Seller reserves the right to remove said front for the purpose of servicing any of said niches.

It is agreed that Seller, its licensees and permittees, shall have the right at any time to make, publish, display, sell or otherwise use or dispose of any copies, replicas, photographs, models, casts, tracings, prints, likenesses, or other reproductions or representations in any form, material or size of any property in the cemetery including all or any portion of the property herein described or any embellishments thereof or additions thereto and, if deemed desirable, to accompany the same with explanatory statements.

In consideration of the performance by Seller of the service herein referred to and/or the sale by Seller of the properties and/or commodities herein described, Purchaser hereby consents and agrees to the carrying on of such businesses and activities and the sale of such commodities and the sale and performance of such services as are now carried on, sold or performed within the cemetery or that may hereafter be carried on, sold or performed therein.

Seller reserves the right to alter or change the shape, grade, size, color, finish or appearance of the cemetery section, unit or mausoleum-columbarium in which the property included in this application is located and to move, change or substitute any embellishments, improvements or structures located therein. The cemetery property purchased does not possess a monumental privilege, but a memorial tablet conforming to the cemetery's regulations and made of bronze, or as otherwise provided by the rules and regulations of the cemetery, may be placed on any interment space covered by this contract. Memorial tablets specially designed by Seller are sold exclusively for placement in Sunnyside Memorial-Park and may not be removed.

Time is of the essence of this contract and of each provision thereof. If the Purchaser shall fail to pay any one or more installments of principal and/or interest when due, then the whole sum of principal and interest shall become immediately due and payable at the option of Seller, and in addition to other remedies, Seller may, upon ten days' written notice, either delivered to Purchaser personally or deposited in the United States Post Office addressed to purchaser at his address as shown on the books of Seller, declare this agreement, or any portion thereof, cancelled and all rights of Purchaser in and to the property described herein, or any portion thereof, forfeited and cancelled. Seller shall, upon such cancellation, be released from all obligations both at law and in equity to convey or cause to be conveyed any rights in the property hereinabove described or any part thereof, or to repay any of the money theretofore paid hereunder. The acceptance of overdue payments and/or the waiving of any term or condition of this contract by Seller shall not constitute a waiver of any subsequent payment or the breach of any term, condition or provision hereof. In the event of the employment of an attorney by Seller on account of any violation of the conditions of this contract by Purchaser, a reasonable attorney's fee shall be payable by Purchaser.

No interment shall be made in the cemetery property herein described nor any memorial placed thereon until the full amount due hereunder including Endowment Care deposit, is fully paid, except upon written permission of Seller. Any interment made or which may be made before full payment shall be only temporary, and no rights shall, by reason of said interment or interments be acquired by Purchaser. Seller may and is hereby irrevocably authorized and empowered, immediately upon declaration of cancellation for non-payment as above provided, or at any time thereafter, upon ten days' notice deposited in the regular United States mail addressed to Purchaser at his last known address as shown upon the books of Seller, to remove each of the remains then interred in the property described herein, to a single interment space or niche in the cemetery to be chosen by Seller, or at its option to cremate said remains; and Purchaser for himself, his or her heirs, executors, administrators and assigns, hereby expressly consents to the conditions of this paragraph including such removal or cremation, agrees to pay all expenses thereof, and hereby irrevocably authorizes Seller to obtain and sign on behalf of Purchaser and his agent any and all applications or permits required for such removal or cremation; Purchaser hereby ratifying and confirming whatever Seller as his agent may do with respect thereto. The authority hereby granted shall be deemed a right coupled with an interest and irrevocable until the full amount due hereunder, including Endowment Care deposit, is paid.

If the application on the reverse side hereof includes mortuary services and/or other services and commodities in addition to interment property, any and all payments made shall be credited first to all mortuary services and/or other services and commodities. If credit is allowed in this contract for multiple space purchase, any cancellation or reduction in the number of spaces will reduce the credit to the amount which would have been allowed, if any, for the number of spaces actually paid for by Purchaser.

Acceptance of this agreement shall not preclude Seller from filing a claim against the estate of the deceased for whom interment property and/or funeral services are provided for hereunder and any amount received from said estate shall be credited to Purchaser's account. Such claim shall be an additional and cumulative remedy, the filing of which shall not release Purchaser nor prevent the taking of any legal procedure necessary to effect the collection of this obligation.

Seller shall not be responsible for and shall have the right to destroy or otherwise dispose of any personal effects, clothing, or other articles left in its care or received with the remains of a deceased person which are not called for within 60 days after the mortuary service.

No assignment, either voluntary or involuntary, may be made of this contract without the consent of Seller in writing. In event of either voluntary or involuntary bankruptcy proceedings by or on the part of Purchaser, Seller at its sole option shall have the privilege of returning all monies previously paid and cancelling the contract in the manner hereinabove provided, or Seller shall have the privilege of applying the money previously paid as a credit to the purchase of any property then offered for sale and at the price at which property is being sold and Seller shall thereupon be released from all obligations either in law or in equity and from the terms of this contract.

It is agreed that the obligation of the Seller to furnish any of the items listed on the front hereof is subject to its ability to procure same, and that the price of any of the items listed is subject to any further increase or decrease due to any law, tax, governmental action, order, or regulation.

Seller reserves the right to refuse to inter the remains of any undesirable, criminal or immoral person and in such event, or at any time it finds itself unable to fulfill this agreement or perform any service or make any interment because of strikes, invasion, insurrection, riot, war, order of any military or civil authority, order of court, or because of any other unforeseen contingency, or misrepresentation or fraud in the procuring of same, or because of any mistake or error in description, location or availability of property, to return to Purchaser all monies that have been paid hereunder for the items affected by such and this contract shall as to such affected items thereupon become null and void without further obligation or liability on the part of Seller.

It is agreed by and between the parties that it is impractical and extremely difficult to fix the actual damage, if any, which may proximately result from a breach of this contract or any error or mistake in connection therewith, and that in case of the failure of Seller to perform or furnish, or in case of any error or mistake in connection with the service, commodities or property provided hereunder, or any other breach of this contract and a resulting loss, Seller's liability hereunder shall be limited to a maximum of one hundred dollars as liquidated damages and not as a penalty and this liability shall be exclusive.

Seller will positively not resell for Purchaser any or all of said property hereinabove described. Seller shall not be liable for any injury or damage to or loss, theft or destruction of the property or commodities sold herewith or any part thereof or embellishments thereon.

This Application and Agreement and the rules, regulations, conditions and restrictions above referred to, governing the cemetery contain and embody all terms and conditions to be performed by the parties hereto and any promise, representation or agreement not embodied herein or in said rules and regulations is expressly waived, unless reduced to writing and signed by an officer of Seller and attached to this agreement.

Upon the death of Purchaser, all unpaid installments hereunder, with interest accrued, shall become immediately due and payable. The terms and conditions of this contract shall extend to and be binding upon the heirs, executors, administrators, successors and assigns of the respective parties hereto. The obligations and liabilities of purchasers hereunder are joint and several.

NOTICE

Any holder of this consumer credit contract is subject to all claims and defenses which the debtor could assert against the seller of goods or services obtained pursuant hereto or with the proceeds hereof. Recovery hereunder by the debtor shall not exceed amounts paid by the debtor hereunder.

Social Security Award Notice

From: Bureau of Retirement and Survivors Insurance
Great Lakes Program Service Center, Chicago, Illinois 60606

Date: APR. 27, 1979

• RAYMOND J PORTER
13662 LORETTA DR
TUSTIN CA 92680

Claim Number: 325-05-6505 G1

Your claim for the lump-sum death payment has been approved.

1. Person on whose social security record claim is payable	2. Approved amount
MARIE E PORTER	\$ 255.00

A CHECK FOR THE APPROVED AMOUNT WILL BE SENT TO YOU SHORTLY.

YOU ARE NOT ELIGIBLE FOR ANY TYPE OF BENEFIT OTHER THAN STATED ON THIS CERTIFICATE. ENTITLEMENT TO ANOTHER BENEFIT ON THIS OR ANY OTHER RECORD IN THE FUTURE REQUIRES A SEPARATE APPLICATION.

IF YOU BELIEVE THIS DETERMINATION IS NOT CORRECT, YOU MAY REQUEST THAT YOUR CASE BE REEXAMINED. IF YOU WANT THIS RECONSIDERATION, YOU MUST REQUEST IT NOT LATER THAN 60 DAYS FROM THE DATE YOU RECEIVE THIS NOTICE. YOU MAY MAKE YOUR REQUEST THROUGH ANY SOCIAL SECURITY OFFICE. IF ADDITIONAL EVIDENCE IS AVAILABLE, YOU SHOULD SUBMIT IT WITH YOUR REQUEST.

IF YOU HAVE ANY QUESTIONS ABOUT YOUR CLAIM, YOU MAY GET IN TOUCH WITH ANY SOCIAL SECURITY OFFICE. MOST QUESTIONS CAN BE HANDLED BY TELEPHONE OR MAIL. IF YOU VISIT AN OFFICE, HOWEVER, PLEASE TAKE THIS NOTICE WITH YOU.

SUNNYSIDE MEMORIAL-PARK

Schedule "A" - Mortuary Services and Facilities

Being a part of Application and Agreement dated March 11 - 1979
 relating to services for Marie Ellen Porter

<p>COMPLETE UNDERTAKING, MORTUARY SERVICES AND FACILITIES: Personnel and equipment for transportation of the deceased to the mortuary (from anywhere within a 60-mile radius); embalming; other professional care and preparation, including dressing, cosmetics and hair dressing; preparing, securing signatures and filing death certificate; obtaining necessary releases and burial permit; staff personnel to arrange and coordinate services; use of slumber room, including personnel to receive visitors and care for flowers; use of funeral coach and flower van; Service personnel for traffic direction, ushering, care of flowers and accompanying cards from donors, providing acknowledgment cards, and arranging flowers at both the chapel and interment location; Funeral Service, including services of a Funeral Director and Assistants at chapel and place of interment; organ music, chapel care and maintenance (the use of a Sunnyside chapel is available without charge); personnel to prepare necessary documents and, at no charge, provide assistance in preparation of Social Security claims, Estate claims, and Veterans' claims.</p>		
<p>PARTIAL UNDERTAKING</p>		
<p>MINIMUM: Personnel and equipment for transportation of the deceased to the Mortuary (from anywhere within a 60-mile radius); embalming, dressing preparing, securing signatures and filing death certificate; obtaining necessary releases and burial permit; clerical and staff personnel to prepare necessary documents and, at no charge, provide assistance in preparation of Social Security claims, Estate claims, and Veterans' claims.</p>	<p align="right">\$385.00 JFW</p>	<p align="right">347.00</p>
<p>PROFESSIONAL CARE & PREPARATION: Care and preparation, including cosmetics and hair dressing.</p>	<p align="right">\$30.00</p>	
<p>SLUMBER ROOM: Including personnel to receive and care for visitors and flowers.</p>	<p align="right">\$35.00</p>	
<p>FUNERAL CEREMONY: Traditional Funeral Service, including services of staff personnel to arrange and coordinate services; use of funeral coach and flower van; services of a Funeral Director and Assistants at chapel and place of interment; organ music, chapel care and maintenance (the use of a Sunnyside chapel is available without charge); Service personnel for traffic direction; ushering, care of flowers and accompanying cards from donors, providing acknowledgment cards, arranging flowers at the chapel, and delivering and arranging them at the interment location.</p>	<p align="right">\$195.00</p>	
<p>GRAVESIDE (COMMITTAL) CEREMONY: Services of staff and clerical personnel to arrange and coordinate services; use of funeral coach and flower van; services of a Funeral Director and Assistants; Service personnel for traffic direction, care of flowers and accompanying cards from donors, providing acknowledgment cards, delivering and arranging flowers at the interment location.</p>	<p align="right">\$170.00</p>	
<p>OTHER:</p>	<p align="right">\$</p>	
<p>SPECIAL PRICE-MORTUARY SERVICES AND FACILITIES</p>		
<p>This charge includes generally the services and facilities described above as "Complete Undertaking Mortuary Services and Facilities" except the slumber room is included only for the night before the funeral service which must be held in a chapel of Sunnyside's choice at a time of Sunnyside's choice (generally before 9:00 a.m. or after 3:00 p.m.) with only one attendant to assist; there will be no organist; there will be no parking or traffic direction, and the service will be concluded in the chapel without the use of a funeral coach. There is no charge for the use of the chapel.</p>	<p align="right">\$495.00</p>	
<p>TOTAL</p>		<p align="right">347.00</p>

The above services to be performed are subject to the terms and conditions on the reverse side of the Application and Agreement referred to above and of which this Schedule "A" is a part.

Witness Paul Luskhal Lee Purchaser's Signature [Signature]

CERTIFICATE OF DEATH

STATE FILE NUMBER

STATE OF CALIFORNIA—DEPARTMENT OF HEALTH

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA	1a. NAME OF DECEASED—FIRST NAME Clarence		1b. MIDDLE NAME James		1c. LAST NAME Porter		2a. DATE OF DEATH—MONTH, DAY, YEAR 10-17-77		2b. HOUR 02:45 A				
	3. SEX Male	4. COLOR OR RACE Caucasian	5. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Indiana			6. DATE OF BIRTH 4-13-90		7. AGE (LAST BIRTHDAY) 87 YEARS		IF UNDER 1 YEAR IF UNDER 24 HOURS			
	8. NAME AND BIRTHPLACE OF FATHER Clarence James Porter/New York					9. MAIDEN NAME AND BIRTHPLACE OF MOTHER May Sutton/Michigan							
	10. CITIZEN OF WHAT COUNTRY United States			11. SOCIAL SECURITY NUMBER 318-05-5396			12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married		13. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME) Marie E. Irwin				
	14. LAST OCCUPATION Machinist		15. NUMBER OF YEARS IN THIS OCCUPATION 40		16. NAME OF LAST EMPLOYING COMPANY OR FIRM (IF SELF EMPLOYED, SO STATE) Commercial Company			17. KIND OF INDUSTRY OR BUSINESS Steel fabrication					
PLACE OF DEATH	18a. PLACE OF DEATH—NAME OF HOSPITAL OR OTHER IN-PATIENT FACILITY Shea Convalescent Hospital,					18b. STREET ADDRESS—(STREET AND NUMBER, OR LOCATION) 455 Columbia Ave.,					18c. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO) Yes		
	18d. CITY OR TOWN Long Beach,					18e. COUNTY Los Angeles		18f. LENGTH OF STAY IN COUNTY OF DEATH 20 Yrs. YEARS		18g. LENGTH OF STAY IN CALIFORNIA 20 Yrs. YEARS			
USUAL RESIDENCE (IF DEATH OCCURRED IN INSTITUTION, ENTER RESIDENCE BEFORE ADMISSION)	19a. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) 2300 Arlington Ave.,					19b. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO) Yes		20. NAME AND MAILING ADDRESS OF INFORMANT Marie Ellen Porter 2300 W. Arlington Street Long Beach California					
	19c. CITY OR TOWN Long Beach,		19d. COUNTY Los Angeles			19e. STATE California							
PHYSICIAN'S OR CORONER'S CERTIFICATION	21a. CORONER: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I HAVE HELD ON THE REMAINS OF DECEASED AS REQUIRED BY LAW (INVESTIGATION OR INQUEST)		21b. PHYSICIAN: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I ATTENDED THE DECEASED: FROM (ENTER MONTH, DAY, YEAR) TO (ENTER MONTH, DAY, YEAR) AND I LAST SAW THE (ENTER MONTH, DAY, YEAR)			21c. PHYSICIAN OR CORONER—SIGNATURE AND DEGREE OR TITLE <i>William W. ...</i>			21d. DATE SIGNED 10-17-77			21f. PHYSICIAN'S CALIFORNIA LICENSE NUMBER 15603	
	21e. ADDRESS 16415 S. Colton Parkway												
FUNERAL DIRECTOR AND LOCAL REGISTRAR	22a. SPECIFY BURIAL, ENTOMBMENT OR CREMATION Cremation		22b. DATE 10-19-77		23. NAME OF CEMETERY OR CREMATORY Sunnyside Mortuary			24. EMBALMER—SIGNATURE (IF BODY EMBALMED) LICENSE NUMBER Body not embalmed					
	25. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Sunnyside Mortuary			26. IF NOT CERTIFIED BY CORONER, WAS THIS DEATH REPORTED TO CORONER? (SPECIFY YES OR NO) No		27. LOCAL REGISTRAR—SIGNATURE <i>Liston A. Witherill</i>			28. DATE RECEIVED FOR REGISTRATION BY LOCAL REGISTRAR OCT 19 1977				
CAUSE OF DEATH	29. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A) Cerebral hemorrhage, acute										APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
	CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST. (B) Cerebral arteriosclerosis												
(C)													
MEDICAL AND HEALTH DATA	30. PART II: OTHER SIGNIFICANT CONDITIONS— CONTRIBUTING TO DEATH BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I. Cancer					31. WAS OPERATION OR BIOPSY PERFORMED FOR ANY CONDITION IN ITEMS 29 OR 30? (SPECIFY OPERATION AND/OR BIOPSY) no		32A. AUTOPSY (SPECIFY YES OR NO) no		32B. IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? (SPECIFY YES OR NO)			
	33. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE		34. PLACE OF INJURY (SPECIFY HOME, FARM, FACTORY, OFFICE, BUILDING, ETC.)			35. INJURY AT WORK (SPECIFY YES OR NO)		36A. DATE OF INJURY—MONTH, DAY, YEAR		36B. HOUR			
INJURY INFORMATION	37A. PLACE OF INJURY (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)					37B. DISTANCE FROM PLACE OF INJURY TO USUAL RESIDENCE, ITEM 19. MILES		38. WERE LABORATORY TESTS DONE FOR DRUGS OR TOXIC CHEMICALS (SPECIFY YES OR NO)		39. WERE LABORATORY TESTS DONE FOR ALCOHOL? (SPECIFY YES OR NO)			
	40. DESCRIBE HOW INJURY OCCURRED (ENTER SEQUENCE OF EVENTS WHICH RESULTED IN INJURY, NATURE OF INJURY SHOULD BE ENTERED IN ITEM 29)												
STATE REGISTRAR	A.	B.	C.	D.	E.	F. 01-9-1-070							

REV 7-1-73 FORM VS-11

12338-490 3-73 200-4 OSP

THIS IS A TRUE CERTIFIED COPY OF THE RECORD FILED IN THE COUNTY OF LOS ANGELES DEPARTMENT OF HEALTH SERVICES IF IT BEARS THIS SEAL IN PURPLE INK.

OCT 21 1977

FEE \$2.00

Liston A. Witherill

Liston A. Witherill, Director of Health Services and Registrar

Reverse of W. Morris



United States of America

STATE OF ILLINOIS, }
COUNTY OF COOK } ss.

PLEAS, before the Honorable.....**Harry B. Miller**.....
one of the Judges of the Superior Court of Cook County, in the State of Illinois, holding a branch
Court of said Court, at a regular term of said Superior Court of Cook County, begun and holden
at the Court House, in the City of Chicago, in said County, and State, on the first Monday, being
the.....**second**.....day of**October**....., in the year of our
Lord one thousand nine hundred and twenty.....**two**....., and of the Independence
of the United States of America, the one hundred and forty.....**seventh**.....

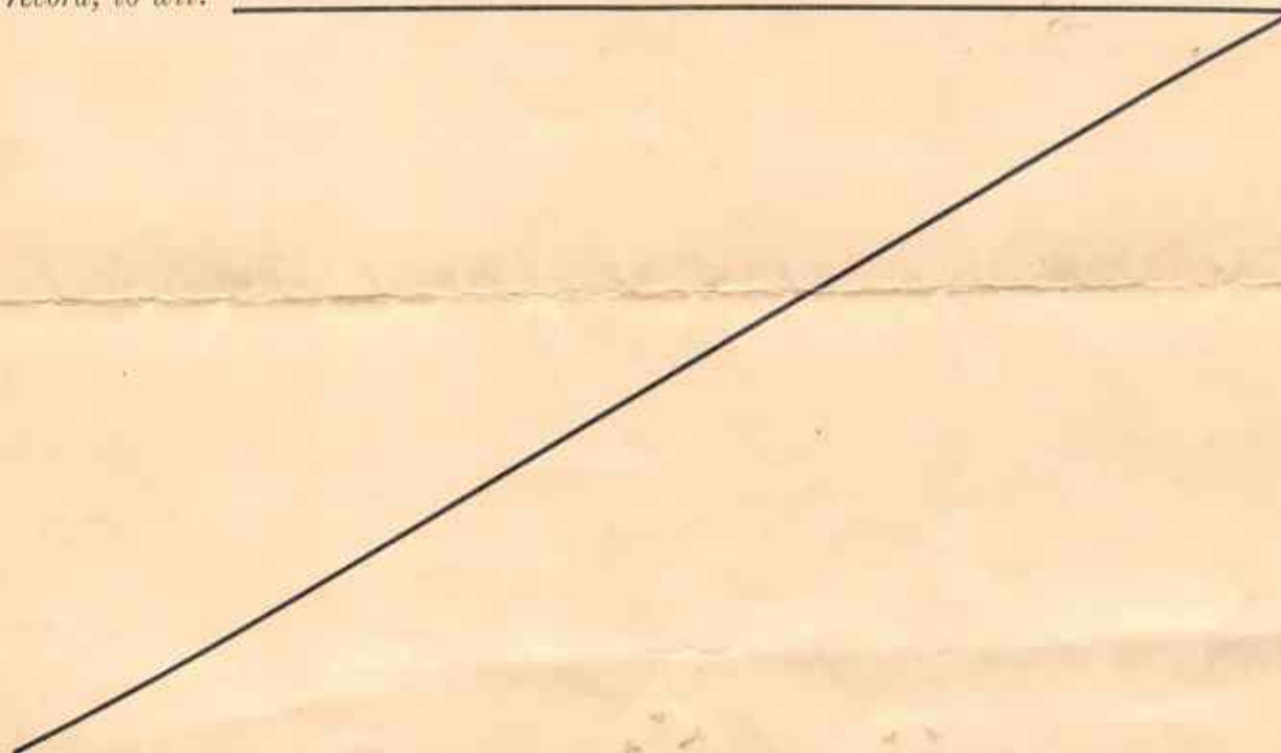
Present:—The Honorable.....**Harry B. Miller**.....
Judge of the Superior Court of Cook County.

ROBERT E. CROWE, State's Attorney.

CHARLES W. PETERS, Sheriff of Cook County.

Attest: SAMUEL E. ERICKSON, Clerk.

*Be it remembered that heretofore, to-wit: on the.....**2nd**.....day of.....**November**.....
in the year of our Lord one thousand nine hundred and twenty.....**two**....., the same
being one of the days of the.....**October**.....Term of the Superior Court of Cook
County the following among other proceedings were had in said Court and entered of
record, to-wit:* _____





STATE OF ILLINOIS, } ss.
COOK COUNTY.

Superior Court of Cook County

Term, A. D. 19.....

Clarence J. Porter

vs.

Hattie P. Porter

Decree No. 381639

This day came again the said Complainant by A. B. Dunning Esq.; his Solicitor, and it appearing to the Court that said Defendant has had due notice of the pendency of this suit by personal service of chancery summons

according to the Statute in such case made and provided, that the default of said Defendant was taken and the Complainant's Bill of complaint herein taken as confessed by said Defendant.

And the Court having heard the testimony taken in open Court, in support of said Bill of Complaint (a certificate of which evidence is filed herein), and now being fully advised in the premises, doth find that it has jurisdiction of the parties hereto and the subject matter hereof; that the Complainant is and since prior to the filing of said Bill of Complaint has been an actual resident of Cook County, and has been a resident of the State of Illinois for over one whole year next before the filing of the Bill of Complaint herein, that the parties hereto were lawfully joined in marriage November 6th, A.D. 1916

that subsequent to their intermarriage the Defendant has ~~committed adultery~~

~~been guilty of extreme and repeated cruelty toward the complainant~~

willfully deserted, and absented herself from the Complainant without any reasonable cause for the space of over two years immediately prior to the filing of the bill in this cause

~~*****been guilty of habitual drunkenness for the space of two successive years prior to the filing of the bill in this cause*****~~

as charged in the Complainant's Bill of complaint.

On motion of said Solicitor for the Complainant, it is therefore ordered, adjudged and decreed, and this Court by virtue of the power and authority therein vested, and the Statute in such case made and provided, doth order, adjudge and decree, that the bonds of matrimony heretofore existing between the Complainant Clarence J. Porter and the Defendant Hattie P. Porter

be and the same are hereby dissolved, and the same are dissolved accordingly.

It is further ordered, adjudged and decreed that the said defendant Hattie P. Porter, have the sole custody, care and education of their said child, Clarence W. Porter, and that said complainant, Clarence J. Porter, may visit said child once in each week at a reasonable hour at Defendant's home or any other place she may designate, and may visit said child between the hours of four o'clock P. M. and the hour of seven o'clock P. M. on each and every Saturday until the further of this Court.

And it is further ordered, adjudged and decreed by the Court that the defendant Hattie P. Porter, have and own in her own name and right forever, all of the household goods and chattels of whatsoever name and nature used by said parties during their married life and now in the possession of said defendant Hattie P. Porter.*****

Gen. No. Term No.

**Superior Court of Cook County
IN CHANCERY**

vs.

Decree for Divorce

Entered this day of

..... A. D. 192

..... Clerk.

Solicitor for Complainant.

REMARRIAGE FORBIDDEN

Section 1a—Chapter 40—Revised Statutes of Illinois—Provides—

“That in every case in which a divorce has been granted for any of the several causes contained in Section 1 of said act, neither party shall marry again within one year from the time the decree was granted; provided, when the cause for such divorce is adultery, the person decreed guilty of adultery shall not marry for a term of two years from the time the decree was granted; provided, however that nothing in this section shall prevent the persons divorced from remarrying each other; and every person marrying contrary to the provisions of this section shall be punished by IMPRISONMENT IN THE PENITENTIARY FOR NOT LESS THAN ONE YEAR, NOR MORE THAN THREE YEARS, and said marriage shall be held ABSOLUTELY VOID.”

RECORDED IN 1912 2235/101 0118

STATE OF ILLINOIS, }
COUNTY OF COOK } ss.

I, SAMUEL E. ERICKSON, Clerk of the Superior Court of Cook County, in and for the State of Illinois, and the keeper of the records, files and seals thereof, do hereby certify the above and foregoing to be a true, perfect and complete copy of a certain Decree made and entered of record in said court in a certain cause lately pending in said Court on the Chancery side thereof, wherein

..... **Clarence J. Porter** was complainant
and..... **Hattie P. Porter** was defendant

In Witness Whereof, I have hereunto set my hand, and affixed
the seal of said Court, at Chicago, this..... **27th**
day of..... **December** A. D. 192..... **2**.....

Samuel E. Erickson Clerk.





CERTIFICATE of MARRIAGE

This Certifies That

Lawrence J. Foster Marie Irwin
of Chicago, Illinois ^{AND} of Chicago, Illinois
were United by me in

Holy Matrimony

on the ninth day of July in the year of Our Lord
ONE THOUSAND NINE HUNDRED AND TWENTY FOUR, AT CHICAGO, ILLINOIS.

Witnesses

Narriffe M. Ewing
Judge of the City Court of De Kalb, Ill.