DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 2 2 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19435

Registration District No. 772 Primary Registration District No. 4463 Registrar's No. 951

1. PLACE OF DEATH:

(a) County St. Francois - St Francois

(b) City or town Elvins, Mo. (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) 2

(d) Length of stay: In hospital or institution (Specify whether years, months or days) 635

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St Francois

(c) City or town Elvins (If outside city or town limits, write "RURAL") 0

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

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Mr. Charles Emery Fortner

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Artie May Boyer Fortner

6. (c) Age of husband or wife if alive years

7. Birth date of deceased 4 - 12 - 1829 (Month) (Day) (Year)

8. AGE: Years 61 Months 1 Days 6. If less than one day hr. min.

9. Birthplace Lawrenston, Mo. (City, town, or county) (State or foreign country) 0

10. Usual occupation retired Miner 0

11. Industry or business

FATHER
12. Name Mr John Fortner 0
13. Birthplace Washington, Mo. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Nancy C. Russell
15. Birthplace Kentucky (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Artie Fortner (wife)

(b) Address Elvins, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 20 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Park View Cemetery

18. (a) Signature of funeral director Alvin W Hood

(b) Address Flat River Mo

19. (a) 5 - 18 - 40 (Date received local registrar) (b) C B Farrar (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18 year 1940 hour 9:15 minute A. M.

21. I hereby certify that I attended the deceased from 10-7, 1936, to 5-18, 1940 that I last saw him alive on 5-16, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Acute Dilatation of heart — Duration Few minutes

Due to Chronic Myocarditis Chronic Nephritis Pulmonary Tb — Several years

Due Carcinoma of Stomach. Cardiac decompensation — Abortive 10.

Other conditions ✓ (Include pregnancy within 3 months of death)

Major findings: Of operations ✓ 46

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) no

(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? 6 ✓ (Specify type of place)

While at work? ✓ (e) Means of injury ✓

23. Signature Paul L. Jones M.D. (M. D. or other) 1

Address Flat River, Mo Date signed 5-20-40

(Licensed Embalmer's Statement on Reverse Side)

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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SEP 28 1944

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 Alvin W. Hood.

Licensed Embalmer No. 2780.

P. O. Address Flat Rock, Me

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.