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

1. PLACE OF DEATH:

(a) County Boone
(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: University Hospitals
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 2 years
years, months or days)

3. (a) PRINT FULL NAME Olive Louise Fort 630

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

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

7. Birth date of deceased February 27 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 5 23 hr. min.

9. Birthplace Escanaba Michigan
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business

MOTHER FATHER { 12. Name John Pierce
18. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Virginia Miller
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. W. Fennel
(b) Address 508 W. Logan, Moberly, Mo.

17. (a) Burial (b) Date thereof Aug 22nd 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moberly Mo

18. (a) Signature of funeral director Mahon and Son
(b) Address Moberly, Mo.

19. (a) 8/21/40 (b) Allie Selby
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone
(c) City or town Columbia
(If outside city or town limits, write "RURAL")
(d) Street No. 122 Meadow Lane
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 20
year 1940 hour 8 minute 40 P. M.

21. I hereby certify that I attended the deceased from August 20, 1940 to August 20, 1940, that I last saw him alive on August 20, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis
Due to General Arteriosclerosis

Due to _____
Other conditions (Include pregnancy within 3 months of death) 94

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____

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? 74

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

23. Signature James M. Baker (M. D. or other) 1940
Address Columbia, Mo. Date signed 8-20-40

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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

Frank D. Witt

Licensed Embalmer No. *3021*

P. O. Address *Moberly, 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, above space should be left blank.