

**DEAD APR 10 1941**

Registration District No. 124104

Primary Registration District No. 5410

3600  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County FRANKLIN

(b) City or town RURAL BOONE TWP  
(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 \_\_\_\_\_  
LIFE (Specify whether)

In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Unnamed Fortner

3. (b) If veteran, name was \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex W F 5. Color or race W 6. (a) Single, widowed, married, divorced 0

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

7. Birth date of deceased March 30, 1941  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day 15 hr. \_\_\_\_\_ min.

9. Birthplace Gerald, Mo. (City, town, or county) Mo. R. 2 (State or foreign country)

10. Usual occupation \_\_\_\_\_

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

12. Name Rudolph Fortner  
Leslie, Mo. (City, town, or county) (State or foreign country)

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

14. Maiden name Victoria Laubinger

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

16. (a) Informant Rudolph Fortner  
(b) Address Gerald, Mo., R. 2

17. (a) Burial (b) Date thereof 3-31-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Evergreen Cemetery

18. (a) Signature of funeral director Disposed of

(b) Address by the family

19. (a) 3-31-41 (b) Charles A. Schmitt  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County FRANKLIN

(c) City or town RURAL BOONE TWP  
(If outside city or town limits, write "RURAL")

(d) Street No. GERALD R.F.D. # 2  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 30 year 1941 hour 8:00p minute 41 M.

21. I hereby certify that I attended the deceased from March 30, 1941 to March 30, 1941 that I last saw her alive on March 30, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Premature Birth

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

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

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

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration

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? \_\_\_\_\_

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

23. Signature R. G. [unclear] (M. D. or other) \_\_\_\_\_

Address R. 2, Gerald, Mo. Date signed 3/31/41

**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.....

.....  
Licensed Embalmer No.....

P.O. Address.....

**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.**