

No. 2  
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17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 10633

FILED APR 10 1943  
Registration District No. 767

Primary Registration District No. 5608

Registrar's No. 17

1. PLACE OF DEATH:

(a) County Johnson  
(b) City or town Holden Rural, Pittsville  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 3 miles South of Pittsville, Mo  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution none  
In this community 50 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME William Dudley Fortney

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

4. Sex male 5. Color or race cauc 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Mary S. Fortney 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased Oct. 9, 1871  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
71 4 28 hr. min.

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

10. Usual occupation Farmer  
11. Industry or business on farm

MOTHER FATHER { 12. Name George Fortney  
13. Birthplace unknown Virginia  
(City, town, or county) (State or foreign country)  
14. Maiden name Katherine Matthews  
15. Birthplace unknown Virginia  
(City, town, or county) (State or foreign country)

16. (a) Informant Mary S. Fortney  
(b) Address Holden, Missouri.

17. (a) Burial (b) Date thereof March 9, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Blackwater Cemetery

18. (a) Signature of funeral director Canaday and Copp  
(b) Address Holden, Missouri.

19. (a) March 13, 1943 (b) Gladys Ferguson Dep  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3 miles South of Pittsville, Mo  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country XXXX

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month march day 7  
year 1943 hour 6:05 minute P M.

21. I hereby certify that I attended the deceased from June 12 to March 7, 1943  
that I last saw him alive on March 6, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis  
Due to 93d  
Due to

Other conditions Arteriosclerosis  
(Include pregnancy within 3 months of death)  
Hypostatic Pneumonia

Major findings: Arteriosclerosis  
Of operations Hypostatic Pneumonia  
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 Kelly Rawlin (M. D. or other)  
Address Holden Mo Date signed 3/8/43

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

RECEIVED

District Health Officer No. 8,

Case File Number \_\_\_\_\_

Date Filed 4-9-43

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 Samuel B Royce

Licensed Embalmer No. 4044

P. O. Address Holden 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.