

No. 2
4-5-42
5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34300

FILED OCT 20 1943

State File No. _____

Registration District No. 46

Primary Registration District No. 5153

Registrar's No. 37

1. PLACE OF DEATH:
 (a) County CALDWELL
 (b) City or town KINGSTON, RURAL
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State MISSOURI (b) County CALDWELL
 (c) City or town KINGSTON, RURAL
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME THOMAS EARL FORT
 (b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Sept day 26
 year 1943 hour 2 minute 20 M.
 21. I hereby certify that I attended the deceased from at Kingston, Mo.
 _____, 19____ to _____, 19____;
 that I last saw him alive on Sept 26, 1943
 and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race WHITE
 6. (a) Single, widowed, married, divorced SINGLE
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased MARCH 28 1871
(Month) (Day) (Year)

Immediate cause of death _____
Coronary thrombosis 30 mi
 Due to _____
 Due to _____

8. AGE: Years Months Days If less than one day
72 5 22 hr. _____ min.
 9. Birthplace KINGSTON MO.
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Of operations _____
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

10. Usual occupation FARMER
 11. Industry or business _____
 12. Name THOMAS CLARK FORT
 13. Birthplace NIGHTSTOWN IND.
 14. Maiden name MARY ELIZABETH MACKINNIE
 15. Birthplace NIGHTSTOWN IND.
(City, town, or county) (State or foreign country)

16. (a) Informant Harrie Fort
 (b) Address Hamilton, Mo.
 17. (a) BURIAL (b) Date thereof 9 22 1943
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation KINGSTON CEMETERY

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? _____

18. (a) Signature of funeral director CRAMER CLARK
 (b) Address KINGSTON, MO.
 19. (a) 9/27/43 (b) Corinne Janet Deputy
(Date received local registrar) (Registrar's signature)

While at work? _____ Means of injury _____
 23. Signature J. F. Bowen (M. D. or other) _____
 Address Kingston, Mo. Date signed 9/27/43

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

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.....

Cramer Clark

Licensed Embalmer No..... 3257.....

P. O. Address..... KINGSTON, 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.