

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2855
Registrar's No. 16

FEB 15 1944
Registration District No. 22

Primary Registration District No. 5457

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

1. PLACE OF DEATH: Greene (Wass, Twp.)

(a) County Greene (Wass, Twp.)

(b) City or town (Rural) Willard, R.F.D.1
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: The Family Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Nearly 10 weeks
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

(c) City or town R.F.D.1, Willard
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Mary Sue Fortner-(Infant.)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 25th
year 1944 hour 10. minute 00. A. M.

21. I hereby certify that I attended the deceased from 11-19, 1943 to 1-25, 1944
that I last saw her alive on 1-17-44, 1944
and that death occurred on the date and hour stated above.

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

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

7. Birth date of deceased: November 13, 1943
(Month) (Day) (Year)

Immediate cause of death: Hydrocephalus (Congenital)

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

8. AGE: Years Months Days If less than one day

Years	Months	Days	If less than one day
	<u>2</u>	<u>12</u>	hr. _____ min. _____

9. Birthplace: Willard, R.F.D.1 _____
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Ralph Francis Fortner

13. Birthplace R.F.D.1, Willard, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Iona Ruth Binkley

15. Birthplace Bois D'Arc, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Ralph Fortner
(b) Address Willard - R. 1 - Missouri

17. (a) burial (b) Date thereof Jan. 26, 1944
(Burial, cremation, or removal) (City or town) (County) (State) (Month) (Day) (Year)

(c) Place: burial or cremation: Cave Springs Cemetery

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? _____

(Specify type of place)

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

23. Signature Nelson L. Murray (M. D. or other) _____
Address Springfield, Mo. Date signed 1-27-44

18. (a) Signature of funeral director R. L. Greenwald Und. Co
(b) Address Willard, Missouri

19. (a) 1-28-1944 (b) Nelson L. Murray
(Date received local registrar) (Registrar's signature)

RECEIVED

Greenwood Health Office,

County File Number 44-2-18

Date Filed 2-14-44

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.....

By direction of the Family this body was not embalmed.....
....., Registered Apprentice No.....

working under my personal supervision.

Signed Mrs E. W. Greenwade

Licensed Embalmer No. 2095

P. O. Address Willard, 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.