

FILED DEC 29 1944

Registration District No. 276

Primary Registration District No. 6072

Registrar's No. 226

1. PLACE OF DEATH:

(a) County St. Francois.
(b) City or town Doe Run, MO.
(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 4 years.
In this community 4 years.

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County St. Francois
(c) City or town Doe Run, Mo.
(d) Street No.
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November Day 19th
year 1944 hour 10 9 minute 50 A.M.
21. I hereby certify that I attended the deceased from Sept. 1944
to Death
that I last saw him alive on Nov. 17th
and that death occurred on the date and hour stated above.
Immediate cause of death Endocarditis

3. (a) PRINT FULL NAME G. W. Fortner.

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

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

6. (b) Name of husband or wife Mary Elizabeth Falkner 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased. March. 25. 1869.

8. AGE: Years 75. Months 8 Days 4 If less than one day hr. min.

9. Birthplace Minelamote, Mo.

10. Usual occupation Farming.

11. Industry or business

12. Name G. W. Fortner.

13. Birthplace Ark.

14. Maiden name Mary Louise Beeve.

15. Birthplace Madison Co. MO.

16. (a) Informant Mrs Sam Allen.

(b) Address Farmington, MO.

17. (a) Rural (b) Date thereof 11-22-44
(c) Place: burial or cremation Doe Run, Mo

18. (a) Signature of funeral director C.H. Cozean.

(b) Address Farmington, MO.

19. (a) 11-22-44 (b) James Thomas
(Date received local registrar) (Registrar's signature)

Duration
Due to Hypertension and Chronic nephritis
Due to Prostitis and cystitis
Other conditions
Major findings:
Of operations
Of autopsy None

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
23. Signature A. M. Stanfield M. D. or other Do.
Address Farmington, Mo Date signed 11/21/44

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

4
0
0

RECEIVED

District Health Officer No. 4
Permit File Number 1244-469
Date Filed 12-20-44

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 _____, Registered Apprentice No. _____, working under my personal supervision.

Signed J. H. Green

Licensed Embalmer No. 4084

P. O. Address Livingston, 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.