V. S. No. 2
00M—5-43
Rev. 5-17-39
No. I X36671

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

349

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 2 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 36123

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1304

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1711 Olive St (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none (Specify whether In this community 30 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph (If outside city or town limits, write "RURAL")

(d) Street No. 1711 Olive St (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Ivan D. Fortune

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Male

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Susie Ann

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased February 14, 1878 (Month) (Day) (Year)

8. AGE: Years 68 Months 8 Days 25 If less than one day hr. min.

9. Birthplace Lamoni, Iowa (City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name George Fortune
13. Birthplace Decatur, Iowa (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Melvina Cook
15. Birthplace Decatur, Iowa (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Susie A. Fortune

(b) Address 1711 Olive St, St. Joseph, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11-11-46 (Month) (Day) (Year)

(c) Place: burial or cremation Lamoni, Iowa.

18. (a) Signature of funeral director Barry Funeral Home

(b) Address St. Joseph, Mo.

19. (a) Nov. 26, 1946 (Date received local registrar) (b) E. C. Jenkins by Joyce Mann Deputy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 9 year 1946 hour 12 minute 50 AM

21. I hereby certify that I attended the deceased from 14 Nov. 1946 to 8 Nov. 1946, 19 ; that I last saw him alive on 8 Nov 1946, 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Endocarditis	1yr.
Due to Senility	2yr
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: None
Of operations
None
Of autopsy

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) None

(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 [signature] (M. D. another)

Address St. Joseph Mo. 15 Nov. 46 Date signed

382

(Licensed Embalmer's Statement on Reverse Side)

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 Victor Barry

Licensed Embalmer No. 4212

P. O. Address St Joseph 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.