S. No. 2
1—8-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 6 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 36355

Registration District No. 62 Primary Registration District No. 5240 Registrar's No. 43

1. PLACE OF DEATH:

(a) County Cedar

(b) City or town Rural--Washington Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: XXXXXXXXX /
(If not in hospital or institution, write street number or location)

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

In this community All of life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cedar 20

(c) City or town Rural
(If outside city or town limits, write "RURAL")

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

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

If yes, name country XXXXX

3. (a) PRINT FULL NAME THOMAS JEFFERSON FORTNEY

3. (b) If veteran, name war XXXX

3. (c) Social Security No. XXXX

4. Sex M 0

5. Color or race W

6. (a) Single, widowed, married, divorced D 2

6. (b) Name of husband or wife Anna Astbury

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased January (Month) 25, (Day) 1874 (Year)

8. AGE: Years 72 Months 9 Days 7 If less than one day x hr. x min.

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

10. Usual occupation Farming

11. Industry or business XXXXX

MOTHER FATHER

12. Name Jefferson J. Fortney

13. Birthplace Kentucky / (City, town, or county) (State or foreign country)

14. Maiden name Dollie Potts

15. Birthplace Kentucky / (City, town, or county) (State or foreign country)

16. (a) Informant Pearl Yancey

(b) Address Stockton, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-2-1946 (Month) (Day) (Year)

(c) Place: burial or cremation Stockton City Cemetery

18. (a) Signature of funeral director CHURCH AND NEALE

(b) Address Stockton, Missouri

19. (a) 11-2-46 (Date received local registrar) (b) Geneva Farrell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month ~~Oct.~~ Nov. 1 day year 1946 hour minute M.

21. I hereby certify that I attended the deceased from Oct. 10, 1946, to ~~Oct.~~ Nov. 1, 1946 that I last saw him alive on Oct. 31, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration

Heart Block — 2 weeks

Due to

Due to

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.

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 [illegible] (M. D. or other)

Address Stockton Mo. Date signed 11-1-46

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 10-46-2042
Date Filed 11-6-46

MAR 6

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 Melvin Church

Licensed Embalmer No. 3272

P. O. Address Stockton

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.