No. 2
1—2-43
5-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 24 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 39460

Registration District No. 1 | Primary Registration District No. 3080 | Registrar's No. 428

1. PLACE OF DEATH:
(a) County: Adair
(b) City or town: Kirksville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1802 E. Normal
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: None (Specify whether years, months or days)
In this community: Life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Adair
(c) City or town: Kirksville
(If outside city or town limits, write "RURAL")
(d) Street No.: 1802 E. Normal
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Inez Olive Fortney
3. (b) If veteran, name war:
3. (c) Social Security No.: None
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Carl B. Fortney
6. (c) Age of husband or wife if alive: 52 years
7. Birth date of deceased: April (Month) 27 (Day) 1902 (Year)

8. AGE: Years 44 | Months 6 | Days 26 | If less than one day: hr. min.

9. Birthplace: Willmathsville (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business: Home
FATHER
12. Name: J. H. Epperson
13. Birthplace: Unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Miranda Goldsby
15. Birthplace: Schuyler Co. (City, town, or county) Missouri (State or foreign country)
16. (a) Informant: Carl B. Fortney
(b) Address: Kirksville, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11/26/46 (Month) (Day) (Year)
(c) Place: burial or cremation: Maple Hills Cemeter
18. (a) Signature of funeral director: D. Kirby
(b) Address: Kirksville, Missouri
19. (a) 12 14-46 (Date received local registrar) (b) Nate Lambert (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 23 year 1946 hour 8:30 minute P. M.
21. I hereby certify that I attended the deceased from November 17 1946 to November 23 1946 that I last saw h. alive on November 22 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pyelonephritis	2 weeks
Due to: Multiple Sclerosis	14 years
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: 1239	
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: Howard E. Gross (M. D. or other) D.O.
Address: Kirksville, Mo. Date signed: 12-9-46

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 1
Unit 12 File Number 12-46-2
Date Filed DEC-20-1946

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 D E Riley

Licensed Embalmer No. 4181

P. O. Address [illegible]

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.