

FILED MAY 8, 1947

Registration District No. 107

Primary Registration District No. 3019

Registrar's No. 176

1. PLACE OF DEATH:

(a) County Dunklin
(b) City or town Kennett
(If outside city or town limits, write "RURAL" and name of township)
(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 _____ (Specify whether)
In this community about 1 year
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Dunklin
(c) City or town Kennett
(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 Nancy Annie Fortner

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

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

6. (b) Name of husband or wife J. D. Fortner 6. (c) Age of husband or wife if alive Deceased years

7. Birth date of deceased November 18 1872
(Month) (Day) (Year)

8. AGE: Years 74 Months 4 Days 26
If less than one day hr. _____ min. _____

9. Birthplace Van Buren Co. Ark.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name J. D. Blackburn

13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant David Fortner

(b) Address Piggott, Ark. R. 2.

17. (a) Burial (b) Date thereof 4-15-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Piggott Cem

18. (a) Signature of funeral director Richard Russell

(b) Address Piggott, Ark

19. (a) 4-25-1947 (b) Chester R. Peck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 13
year 47 hour 11 minute 30 P.M.

21. I hereby certify that I attended the deceased from 11:00 P.M.
1 april 13, 1947, to 11:30 P.M., 1947
that I last saw her alive on april 13, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Congestive heart failure Duration 1 yr.

Due to _____

Due to _____

Other conditions none
(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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Chester R. Peck (M. D. or other) M.D.

Address 115 St. Francis, Kennett Date signed april 13 1947

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

5
2
2

3
2
2
0

mo

13
1947

Dr. Rich

RECEIVED

District Health Office No. 2,

District File Number 547-633

Date Filed 5-5-47

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.....

Licensed Embalmer No.....

P. O. Address.....

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.