

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30498**
Registrar's No. **351**

FILED OCT 15 1947
43

Registration District No. _____ Primary Registration District No. **3007**

1. PLACE OF DEATH: **Butler**

(a) County **Butler**

(b) City or town **Poplar Bluff**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **Poplar Bluff Hospital**
(If not in hospital or institution, write street number or location)

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

In this community _____ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Pemiscot**

(c) City or town **Gobler (rural)**
(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 **EFFIE E. FORTNER**

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

4. Sex **F** 5. Color of race **White**

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

6. (b) Name of husband or wife **George R. Fortner** 6. (c) Age of husband or wife if alive **65** years

7. Birth date of deceased **Nov. 17 1892**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
53	9	14	hr. _____ min. _____

9. Birthplace **Lyles Tenn**
(City, town, or county) (State or foreign country)

10. Usual occupation **House Work**

11. Industry or business _____

12. Name **Ed Hodge**

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

14. Maiden name _____

15. Birthplace **" "**
(City, town, or county) (State or foreign country)

16. (a) Informant **Jack Fortner**

(b) Address **Gobler Mo. Box**

17. (a) **Removal** (b) Date thereof **9-3-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Steele, Mo.**

18. (a) Signature of funeral director **J. L. German**

(b) Address **Steele, Mo.**

19. (a) **10/8/47** (b) **R. M. Mettrey**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **September**, day **3**, year **1947** hour **8:05** minute **a** M.

21. I hereby certify that I attended the deceased from **August 25**, 19**47**, to **September 3**, 19**47**; that I last saw her alive on **September 3**, 19**47**; and that death occurred on the date and hour stated above.

Immediate cause of death: **Carcinoma, head of pancreas, duodenum, + lymph glands.**

Due to _____

Due to _____

Other conditions: **468**
(Include pregnancy within 3 months of death)

Major findings: **Carcinoma, (as above)**

Of operations _____

Of autopsy _____

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 _____

Signature **J. W. Floyd** (M. D. or other) _____

Address **Poplar Bluff, Mo.** Date signed **9/3/47**

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

2773

Mrs. Fortner

RECEIVED

District Health Office No. 2,

District File Number 1044-1327

Date Filed 10-13-47

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..... *John H. German*

..... Licensed Embalmer No. *4355*

..... P. O. Address. *Hayti Mo. Box 420*

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.