

AUG 7 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

26017
Do not use this space.

1. PLACE OF DEATH

(a) County Johnson Registration District No. 427
(b) Township Madison Primary Registration District No. 4253
(c) City Holden (d) Street No. _____ St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 35 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 3738

2. PRINT FULL NAME

635 John Sherman Fortney
(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Agnes Fortney

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 28 1864

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
74 8 29

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Contractor
9. Industry or business in which work was done, as saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Clarksburg
(STATE OR COUNTRY) West Virginia

FATHER 13. NAME George W. Fortney

14. BIRTHPLACE (CITY OR TOWN) West Virginia
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Katherine Mathews

16. BIRTHPLACE (CITY OR TOWN) West Virginia
(STATE OR COUNTRY)

17. INFORMANT Mrs. Agnes Fortney
(ADDRESS) Holden Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Holden Cemetery DATE July 26 39

19. FUNERAL DIRECTOR (NAME) T.W. Goodman
(ADDRESS) Holden Missouri

20. FILED July 26 1939 Mrs. E. D. Redford
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 24 1939

22. I HEREBY CERTIFY, That I attended deceased from June 6 1937, to July 24 1939
I last saw him alive on July 21 1939. Death is said to have occurred on the date stated above, at 11:10 A.M.

The principal cause of death and related causes of importance were as follows:

Paralysis Agataus

Other contributory causes of importance:

Debility and Exhaustion.

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____ (Signed) Edward Quinross, M. D.

Holden - Mo.
367 (Address)

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.....

W. G. Johnson

Licensed Embalmer No. 2424

P. O. Address Holden Ma

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, above space should be left blank.