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X26390

DEC 3 1941

Registration District No. \_\_\_\_\_

Primary Registration District No. 2001

Registrar's No. 911

1. PLACE OF DEATH:

(a) County GREENE  
(b) City or town Springfield A.M.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Springfield Baptist Hospital D  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 hours (Specify whether  
In this community 4 hours years, months or days)

3. (a) PRINT FULL NAME Joseph Fortna  
3. (b) If veteran, name war Unknown 3. (c) Social Security No. Unknown

4. Sex Male D 5. Color or race White 6. (a) Single, widowed, married, divorced Married!  
6. (b) Name of husband or wife Ruth Fortna 6. (c) Age of husband or wife if alive Unknown years  
7. Birth date of deceased October 8, 1900  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
41 1 12 hr. min.

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

10. Usual occupation Salesman

11. Industry or business Allis-Chalmers Company

12. Name Hiram Fortna

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. Ruth Fortna

(b) Address Tuscola, Illinois

17. (a) Removal (b) Date thereof 11/20/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Tuscola, Illinois

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home While at work? (c) Means of injury Crushed chest

(b) Address Springfield, Missouri

19. (a) 11-20-41 (b) W. E. Naudley MD Signature W. E. Naudley MD Address 227 E. Chase Date signed 11/21/41  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Peoria 999  
(c) City or town Peoria 11  
(If outside city or town limits, write "RURAL")  
(d) Street No. 934 Blaine 02  
(If rural, give location)  
(e) Citizen of foreign country? — (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 20  
year 1941 hour 6:30 minute A. M.

21. I hereby certify that I attended the deceased from the body of Alma Lohmeyer in Tuscola, Illinois from 11-20-41  
that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_  
Crushed chest from collision in an automobile accident

Due to \_\_\_\_\_  
Spontaneous Collision of 2 cars

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: \_\_\_\_\_ PHYSICIAN \_\_\_\_\_  
Of operations 1700  
Of autopsy 5'  
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) Accident  
(b) Date of occurrence 11-20-41  
(c) Where did injury occur? Public Highway 65 (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Highway 65  
(Specify type of place) (e) Means of injury Crushed chest

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

MOTHER FATHER

QFC 8 1841

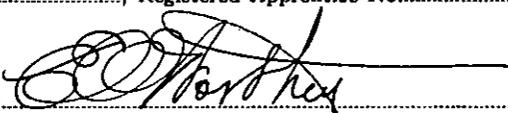
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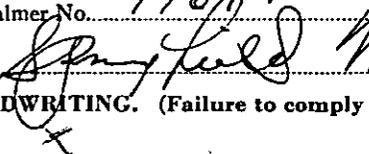
**STATEMENT BY LICENSED EMBALMER**

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. 1767

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.