

Registration District No. **23 1943**

Primary Registration District No. **3464**

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

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Willard, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
No at home/in Willard, Mo
(If not in hospital or institution, write street number or location)

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

In this community Entire life in Greene Co

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

(c) City or town Willard, Missouri
(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 Sarah D. Fortner,

3. (b) If veteran, name war Nil

3. (c) Social Security No. Nil

4. Sex Female

5. Color or race white

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

6. (b) Name of husband or wife of W. L. Fortner,

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased December, 1st, 1867
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>2</u>	<u>10</u>	hr. _____ min.

9. Birthplace Greene County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business general house work

12. Name C. K. Hughes

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

14. Maiden name Harriett Firestone

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

16. (a) Informant W. L. Fortner

(b) Address Willard, Missouri

17. (a) burial (b) Date thereof 2-12-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clear Creek cemetery

18. (a) Signature of funeral director x Bene A. Brinn

(b) Address Walnut Grove, Missouri

19. (a) 2-12-43 (b) Same Appleby
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 11th
year 1943 hour 4:30 minute A.M.

21. I hereby certify that I attended the deceased from Oct. 4, 1941 to February 10, 1943; that I last saw her alive on February 10th, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Senility

Due to Hypertension, arterio-sclerosis, nephritis chr.

Due to _____

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) None

(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) (c) Means of injury

23. Signature [Signature] (M.D. or other) D.O.
Address Willard, Missouri Date signed 2/18/43

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Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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1242

RECEIVED

Greene County Health Office,

County File Number 48-3-17

Date Filed 3/4/43

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 Gene A. Binn
Licensed Embalmer No. 7664
P. O. Address Waverly Grove N.C.

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.