

FILED JAN 16 1945
Registration District No. 209

Primary Registration District No. 3043

Registrar's No. 279

1. PLACE OF DEATH:

(a) County Marion
(b) City or town Hannibal Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
610 N. 8th St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion 64
(c) City or town Hannibal 3
(If outside city or town limits, write "RURAL") 4
(d) Street No. 610 N. 8th St
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MARCELLUS FORTUNE

3. (b) If veteran, name war _____ 3. (c) Social Security No. 498-07-4615

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

6. (b) Name of husband or wife Sisie 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 5 1910
(Month) (Day) (Year)

8. AGE: Years 34 Months 2 Days 22 If less than one day hr. _____ min. _____

9. Birthplace Eolia Mo
(City, town, or county) (State or foreign country)

10. Usual occupation shoe worker

11. Industry or business _____

12. Name Thomas A Fortune

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

14. Maiden name Ida B. Pollard

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

16. (a) Informant Mrs. Sisie Fortune

(b) Address Hannibal Mo

17. (a) Burial (b) Date thereof 6-4-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chapel Hill Burial Park

18. (a) Signature of funeral director J. M. O'Connell

(b) Address Hannibal Mo

19. (a) 12-1-44 (b) R. W. Conner
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 2 year 1944 hour 3 minute 30 P.M.

21. I hereby certify that I attended the deceased from April 1944 to June 2 1944 that I last saw him alive on June 2 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion Duration 3 min.

Due to Mitral heart disease 10 yrs.

Due to Scarlet fever

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

Major findings: Of operations J
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 D. E. A. Porter (M.D. or other) D.O.

Address 412 Center St. Hannibal, Mo Date signed Jun 30 1944

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

4
3
4

11x 10

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..... *Michael J. O'Donnell*.....

Licensed Embalmer No. *3246*.....

P. O. Address..... *Hannibal Mo.*.....

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.