

FILED MAR 13 1946 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 946

1. PLACE OF DEATH:
 (a) County Jackson
 (b) City or town Kansas City
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: General Hospital #1 0
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 19 days
 (Specify whether
 In this community 25 years
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson 48
 (c) City or town Kansas City
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1321 Olive
 (If rural, give location) 0
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Eddie Lee Fortner
 3. (b) If veteran, name war no
 3. (c) Social Security No. none

MEDICAL CERTIFICATION
 20. **DATE OF DEATH:** Month Feb. day 4th 23
 year 1946 hour 12 minute _____ P.M.
 21. I hereby certify that I attended the deceased from Feb. 4
 19 46 to Feb. 23 19 46
 that I last saw him alive on Feb. 23 19 46
 and that death occurred on the date and hour stated above.

4. Sex M U 5. Color or race W
 6. (a) Single, widowed, married, divorced widower
 6. (b) Name of husband or wife Minnie P Fortner
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Dec. 1 1888
 (Month) (Day) (Year)

Immediate cause of death _____
Miliary tuberculosis of lungs
bilat. with hydrothorax and
hemopericardium
 Due to _____
 Due to _____
 Other conditions _____
 (Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
57 2 22 _____ hr. _____ min.
 9. Birthplace Slater Mo. U
 (City, town, or county) (State or foreign country)
 10. Usual occupation Custodian

Major findings: 22a
 Of operations _____
 Of autopsy _____
PHYSICIAN
 Underline the cause to which death should be charged statistically.

MOTHER FATHER
 11. Industry or business School Distric of K.C.MO.
 12. Name Wiley Fortner
 13. Birthplace Virginia 1
 (City, town, or county) (State or foreign country)
 14. Maiden name Nancy Hiles
 15. Birthplace Kentucky 1
 (City, town, or county) (State or foreign country)

16. (a) Informant Joseph Fortner
 (b) Address 417 So Kensington
 17. (a) Burial (b) Date thereof Feb. 25 1946
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Elmwood Cem.
 18. (a) Signature of funeral director Mrs. C. L. Forster
 (b) Address 918 Brooklyn
 19. (a) 2-25-46 (b) Geraldine Holmes
 (Date received local registrar) (Registrar's signature)

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?
 _____ (Specify type of place)
 While at work? _____ (e) Means of injury _____
 23. Signature Clark W. Leilys (M. D. or Other)
 Address Gen. Hosp. (Date signed _____)

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

4597

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..... *Cortland Muroc*

Licensed Embalmer No. *3414*

P. O. Address. *918 Brooklyn*
H. O. O.

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.