

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

FILED JUN 11 1946

STANDARD CERTIFICATE OF DEATH

State File No. 16259

Registration District No. 112

Primary Registration District No. 5428

Registrar's No. 18

1. PLACE OF DEATH: Franklin

(a) County Franklin

(b) City or town Rural - Boone Twsp.

(c) Name of hospital or institution: Sullivan Mo. Rt. 1

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community Life

years, months or days

3. (a) PRINT FULL NAME Nora Luella Fortner

3. (b) If veteran, name war _____ X

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Andrew C. Fortner

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased Aug. 29 1891

(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	54	8	21	hr. min.

9. Birthplace Sullivan Mo.

(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

12. Name Peter Halmich

13. Birthplace Sullivan Mo.

(City, town, or county) (State or foreign country)

14. Maiden name Frances E. Webb

15. Birthplace Franklin Co. Mo.

(City, town, or county) (State or foreign country)

16. (a) Informant Andrew C. Fortner

(b) Address Sullivan, Mo. Rt. 1

17. (a) Burial (b) Date thereof 5/21/46

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crowe Cem. Sullivan, Mo.

18. (a) Signature of funeral director. Phelo P. Sheffer

(b) Address Sullivan, Mo.

19. (a) 5-21-46 (b) J. Matthews

(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Franklin 36

(c) City or town Rural

(If outside city or town limits, write "RURAL")

(d) Street No. Sullivan, Mo. Rt. 1

(If rural, give location)

(e) If foreign born, how long in U. S. A.? X years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19

year 1946 hour 2 minute 00 a.M.

21. I hereby certify that I attended the deceased from Dec 85 to May 19, 1946

that I last saw her alive on May 18 1946, 1946

and that death occurred on the date and hour stated above.

Immediate cause of death

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

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 P. P. Sheffer (M. D. or other)

Address Sullivan, Mo. Date May 20 1946

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

95

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 6-10-46

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 me

....., Registered Apprentice No.....
working under my personal supervision.

Signed Robert M. Murray

Licensed Embalmer No. 3749

P. O. Address Sullivan, 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.