

S. No. 2  
OM-5-43  
v. 5-17-39  
I X36671

FILED FEB 5 1947

Registration District No. 149 Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town K.c. Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Trinity Lutheran Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 days  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Caldwell

(c) City or town Kingston Rural  
(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 Cora Alice Fort

(b) If veteran, name war no

(c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 20  
year 1947 hour 11 minute 15 A.M.

21. I hereby certify that I attended the deceased from Jan 28, 1946, to Jan 20, 1947.  
that I last saw her alive on Jan 19, 1949  
and that death occurred on the date and hour stated above.

4. Sex Female

5. Color or race W

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

(b) Name of husband or wife Harry Fort

(c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: December 1 1868  
(Month) (Day) (Year)

Immediate cause of death Arteriosclerosis  
heart disease Several yrs.

Due to Pulmonary Infarction  
Plural Effusion 3 days

Due to Sub acute cholangitis 2 wks  
(n.m.s.)

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

8. AGE: Years Months Days If less than one day

78	I	I9	hr. _____ min.
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Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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

10. Usual occupation Housewife

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 Joseph E. Walker (M. D. or other) MD  
Address 836 Prof. Bldg Date signed 1/20/47

11. Industry or business \_\_\_\_\_

12. Name Peter Runkle

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

14. Maiden name Anna Maria

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

16. (a) Informant Mrs. Lois Arms

(b) Address Kingston, Missouri

17. (a) Removal (b) Date thereof 1-20-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kingston Cemetery

18. (a) Signature of funeral director Crömer Clark

(b) Address Kingston, Missouri

19. (a) 1-20-47 (b) St. Gertrude Holmes  
(Date received local registrar) (Registrar's signature)

DEC 15 1952

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.....

*Cramer Clark*

Licensed Embalmer No.....

*3257*

P. O. Address.....

*Kingston 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.**