

3. 300
17-37
3906

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Registration District No. 297 Primary Registration District No. 3057

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

1. PLACE OF DEATH
(a) County Richmond
(b) City or town Richmond
(c) Name of hospital or institution:
503 W Main
(d) Length of stay: In hospital or institution
In this community 88 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Rich
(c) City or town Richmond
(d) Street No. 503 W Main
(e) Citizen of foreign country? 11
If yes, name country

3: (a) PRINT FULL NAME MARY FRANCES FORTUNE
3. (b) If veteran, name war none
3. (c) Social Security No. none

4. Sex Female 5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife H. F. Fortune
6. (c) Age of husband or wife if alive 11 years
7. Birth date of deceased: Feb 29 1860
(Month) (Day) (Year)

8. AGE: Years 88 Months 4 Days 4
If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business
12. Name Alston Leach
13. Birthplace Virginia
14. Maiden name Jane Hubbard
15. Birthplace Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary Hale
(b) Address Richmond, Mo

17. (a) Burial (b) Date thereof 7/5/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cem. Richmond

18. (a) Signature of funeral director Greg. L. H. H.
(b) Address Richmond, Mo

19. (a) July 7 - 1948 (b) Mable Jackson
(State received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 3
year 1948 hour 3:10 minute P. M.
21. I hereby certify that I attended the deceased from July 1 to July 3, 1948
that I last saw her alive on July 3, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death
acute dilatation
arterio-sclerosis
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy AM

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) (c) Means of injury
23. Signature E. G. Gay (M. D. or other)
Address Richmond Date dictated 7-5-48

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 7-13-48

701101
101101

AUG 4
1954

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 _____

Licensed Embalmer No. 4066

P. O. Address _____

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.