

FEDERAL SECURITY AGENCY

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....

National Office of Vital Statistics  
FILED JAN 3 1949

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 1394

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St Joseph  
(If outside city or town limits, write "RURAL," and name of township)

(c) Name of hospital or institution St Joseph Hospital 0  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days (Specify whether  
wears, months or days)

In this community 29 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan 11

(c) City or town St Joseph 1  
(If outside city or town limits, write "RURAL")

(d) Street No. 412 No. 2nd Street 7  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Jeffery Eugene Fortkneiv

3. (b) If veteran, name war. No

3. (c) Social Security No. 491-10-6256

4. Sex male 23. Color or race negro

6. (a) Single, widowed, married, divorced, single 0

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased October 10 1901  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>47</u>	<u>2</u>	<u>18</u>	_____ hr. _____ min.

9. Birthplace Miami Mo 0  
(City, town, or county) (State or foreign country)

10. Usual occupation Truck Driver

11. Industry or business Truck Driver

12. Name Andrew Fortkneiv

13. Birthplace Lillicothe Mo 0  
(City, town, or county) (State or foreign country)

14. Maiden name Minnie Bell

15. Birthplace Miami Mo 0  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Dona Matthews

(b) Address 1803 Kewanee Street

17. (a) Burial (b) Date thereof 12-31-1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director Wm K Alexander

(b) Address St Joseph Mo

19. (a) 12-29-48 (b) L. C. Jenkins  
(Date received local registrar) (Registrar's signature) 382

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 28  
year 1948 hour 9 minute 10 A.M.

21. I hereby certify that I attended the deceased from 25 DEC 48  
to 28 DEC 48, 1948  
that I last saw him alive on 28 DEC 48  
and that death occurred on the date and hour stated above.

Immediate cause of death HYPOSTATIC PNEUMONIA 2 DAYS

Due to SEVERED SPINAL CORD 3 DAYS

Due to GUN SHOT WOUND 3 DAYS

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

Major findings: Of operation 166

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

PHYSICIAN \_\_\_\_\_

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) HOMICIDE

(b) Date of occurrence 25 DEC 48

(c) Where did injury occur? ST JOSEPH, BUCHANAN MO  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? PUBLIC PLACE (TAVERN)  
(Specify type of place)

While at work? \_\_\_\_\_ Means of injury Blow

23. Signature Clarence P. Schneider M. D. or other MO

Address 308 SCHNEIDER Date signed 29 DEC 48

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

MOTHER FATHER

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..... *Wm. H. Alexander*

Licensed Embalmer No. *4450*

P. O. Address..... *St. Joseph, 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.