

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

3507

State File No. \_\_\_\_\_

Registration District No. 111

Primary Registration District No. 740-571

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Ray  
(b) City or town Waverly  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME EDWARD FENNER

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 490-09-7944

4. Sex male 5. Color or race W 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Blauche Salyer 6. (c) Age of husband or wife if alive 29 years

7. Birth date of deceased July 18 1904  
(Month) (Day) (Year)

8. AGE: Years 35 Months 5 Days 19 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Grand Pass Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Tractor Driver U.S. Eng.

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

MOTHER FATHER { 12. Name Harry Fenner

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

14. Maiden name Bessie Singleton

15. Birthplace Saline Co. Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Edgar Brown

(b) Address Waverly, Mo.

17. (a) Jan 9, 1949 (b) Date thereof Burial  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Waverly Cemetery

18. (a) Signature of funeral director E. S. James

(b) Address Concordia Mo.

19. (a) Jan 12-40 (b) H. L. Wallerford  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette  
(c) City or town Waverly  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH Month January day 7  
year 1940 hour 12 minute 10 P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_  
\_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Accidental - Killed by Tractor  
turning over on him. Going in  
Due to Missouri River, fractured  
base of skull  
Due to Tractor slipping in  
river

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) accident  
(b) Date of occurrence 1-7-40  
(c) Where did injury occur? 3 mi. S. of E. Road, Ray Co. Mo.  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? yes (Specify type of place) \_\_\_\_\_  
over body (e) Means of injury Tractor

23. Signature Edw. James (M. D. or other) \_\_\_\_\_  
Address Richmond, Mo. Date signed 1-25-40

RECEIVED FILED STATE OFFICE  
INDEX CARD RETURNED TO DISTRICT  
DATE 1-7-61

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 E. S. James  
Licensed Embalmer No. 2058  
P. O. Address Concordia 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, above space should be left blank.

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. <sup>0</sup> 35077

Registration District No. ....

Primary Registration District No. ....

Registrar's No. ....

1. PLACE OF DEATH:

(a) County Ray  
(b) City or town .....  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: .....  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution .....  
(Specify whether  
In this community .....  
years, months or days)

3. (a) PRINT FULL NAME Edward Jenner

3. (b) If veteran, name war ..... 3. (c) Social Security No. ....

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife ..... 6. (c) Age of husband, or wife, if alive ..... years

7. Birth date of deceased. (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day min.  
35

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

10. Usual occupation .....

11. Industry or business .....

12. Name .....

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

14. Maiden name .....

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

16. (a) Informant .....

(b) Address .....

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

(c) Place: burial or cremation .....

18. (a) Signature of funeral director .....

(b) Address .....

19. (a) (Date received local registrar) (b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State ..... (b) County .....  
(c) City or town .....  
(If outside city or town limits write "RURAL")  
(d) Street No. ....  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? ..... years.

20. DATE OF DEATH Month Jan. day 7 - 40  
year ..... hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from ..... 19..... to ..... 19.....  
that last saw him ..... alive on ..... 19.....  
and that death occurred on the date and hour stated above

Immediate cause of death Killed by tractor  
turning over on him  
going into Mo. River -

Due to Fract. base of skull -  
River work, dragging snow  
into river with grader, as  
work could be done on  
river bank, not near

Other condition Work could be done on  
(Include pregnancy within 6 months of death)  
Major findings: a highway  
Of operations .....

Of autopsy .....  
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) Accid.  
(b) Date of occurrence 1-7-40  
(c) Where did injury occur 3 mi. S. Hardin Ray Co Mo  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? yes (Specify type of place) (c) Means of injury Tractor

23. Signature R. W. Guines (M. D. or other)  
Address Richmond Mo Date signed .....

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

SUPPLEMENTARY

S-3507