

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

35202

State File No. _____

Registration District No. 266 Primary Registration District No. 5378 Registrar's No. 72

1. PLACE OF DEATH:

(a) County Deerfield
(b) City or town Rural - Watkins
(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 2
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day the 2
year 1940 hour _____ minute 1 P-M.
21. I hereby certify that I attended the deceased from _____
_____ 19 _____ to _____ 19 _____
that I last saw him alive on Oct - 2, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia
Due to Sickness of mother
Due to Influenza 3 weeks
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations 154
Of autopsy no

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

3. (a) PRINT FULL NAME Walter Louis Fenton.

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

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____

7. Birth date of deceased Oct 2 1940
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day 3 hr. _____ min.

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

10. Usual occupation none

11. Industry or business _____

12. Name Edmond Louis Fenton

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

14. Maiden name Elizabeth Deagan

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

16. (a) Informant Claud Jean

(b) Address Lalocua MO

17. (a) burial (b) Date thereof Oct 9 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Life Springs

18. (a) Signature of funeral director Robert Walker

(b) Address Saline Mo

19. (a) October 2, 1940 (b) F. Chatter MD.
(Date received local registrar) (Registrar's signature)

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?
240 (Specify type of place) _____
While at work? _____ (e) Means of injury _____
28. Signature W. L. Deagan (M. D. or other) MD.
Address Saline MO Date signed Oct 7, 1940

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

RECEIVED

District Health Officer No. 5,

District File Number 11457137

Date Filed _____

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. _____

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, above space should be left blank.