S. No. 2
—11-10-39
v. 5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9506

FILED APR 15 1941

Registration District No. 99

Primary Registration District No. 1002

Registrar's No. 915

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: Kansas City,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4007 Euclid
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community: 7 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson
(c) City or town: Kansas City,
(If outside city or town limits, write "RURAL")
(d) Street No.: 4007 Euclid
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

48
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8

3. (a) PRINT FULL NAME: Dollie A. Wintermute

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

3. (c) Social Security No.: No

4. Sex: Fe.

5. Color or race: Wh

6. (a) Single, widowed, married, divorced: Widow

6. (b) Name of husband or wife: George

6. (c) Age of husband or wife if alive: — years

7. Birth date of deceased: May 30, 1844 (Month) (Day) (Year)

8. AGE: Years 96 | Months 9 | Days 3 | If less than one day ____ hr. ____ min.

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

10. Usual occupation: None

11. Industry or business: None

FATHER
12. Name: William Fenderson
13. Birthplace (City, town, or county): ____ (State or foreign country): Maine

MOTHER
14. Maiden name: Unknown
15. Birthplace (City, town, or county): Unknown (State or foreign country): ?

16. (a) Informant: Mrs. J. B. Hayes
(b) Address: 301 No. White

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3-3-41 (Month) (Day) (Year)
(c) Place: burial or cremation: Hastings, Nebr.

18. (a) Signature of funeral director: C. H. Blackman & Son, Inc.
(b) Address: Kansas City, Mo.

19. (a) 3/4/41 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 3 year 1941 hour 6 minute 30 M.

21. I hereby certify that I attended the deceased from Dec. 27, 1940, to Mar. 3, 1941; that I last saw her alive on Feb. 28, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Endocarditis, Acute	10 days
Due to: Senility	
Due to: N. M. O.	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: 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): ✓
(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: J. McCalmans (M. D. or other)
Address: 3850 Broadway Date signed: 3/4-41

(Licensed Embalmer's Statement on Reverse Side)

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 W D Blackerman

Licensed Embalmer No. 3639

P. O. Address K. C. 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.