

FILED JAN 13 1947

Registration District No. 2

Primary Registration District No. 1000

Registrar's No. 7245

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
805 So 17th /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 22 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

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

(d) Street No. 805 So 17th /
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Matison Henry Fenton

3. (b) If veteran, name war

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 28th
year 1942 hour 8 minute 15 P.M.

4. Sex Male

5. Color or race white

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Clara Bentouski Jan

6. (c) Age of husband or wife if alive 40 1/2 years

7. Birth date of deceased: 28 1898
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from
11/17 1942 to Dec 28 1942
that I last saw him alive on Dec 28 1942
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
44	11		br. min.

Immediate cause of death
Diabetic Coma.

Due to

Due to

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

10. Usual occupation: Motor Car Dealer

Other conditions: (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

MOTHER FATHER

11. Name of physician T. J. Fenton

12. Name of informant Mrs M. H. Fenton

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

14. Maiden name: Katherine Gilman

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

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) Means of injury

16. (a) Informant Mrs M. H. Fenton

(b) Address St Joseph, Mo

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof: 12/31/42
(Month) (Day) (Year)

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

18. (a) Signature of funeral director: J. Lynn & Son

(b) Address: 1946 Colgan

19. (a) 12-31-42 (Date received local registrar)

(b) Rose Stegoy (Registrar's signature)

PHYSICIAN

Underline the cause to which death should be charged statistically.

23. Signature: W. E. Harkesock
Address: 1207 Paul Ave St Joseph Mo signed 12/28/42

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

11
1
7

JAN 19 1949

NOV 12 1957

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.....

working under my personal supervision.

Registered Apprentice No.....

Signed.....

Robert H. Gaph

Licensed Embalmer No.....

3208

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.

(Death Record)

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri
County of Bucklana SS.

State File No.
Local Registrar's No. 1245

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 21st day of June, 1944, before me appears Mrs. Clara B. Fenton, who, upon her oath, states that the original record of ~~birth~~ death for MATISON HENRY FENTON, died Dec. 28, 1942, in the State of Missouri, and which was filed at St. Joseph on 12-31, 1942 should be corrected as follows:

- Item No. should read
- Instead of
- Item No. should read
- Instead of
- Item No. 6c should read 42
- Instead of 40
- Item No. should read
- Instead of
- Item No. should read
- Instead of
- Item No. should read
- Instead of
- Item No. should read
- Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Mrs. Clara B. Fenton
Relationship wife
805 So. 17th St. Joseph, Mo.
Present Address.

Subscribed and sworn to before me this 21st day of June, 1944.

My Commission expires March 29, 1947 Madge Cannon Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

S-240245