

V. S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28464**
Registrar's No. **472**

FILED SEP 13 1943
Registration District No. **156**

Primary Registration District No. **2001**

19
2
5

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

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: O. H. Johns
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community since birth (Specify whether _____)
years, months or days

3. (a) PRINT FULL NAME Wanda Lou Fenix

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

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

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

7. Birth date of deceased Aug 30 1942
(Month) (Day) (Year)

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

11 18 hr. min.

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

10. Usual occupation Infant

11. Industry or business _____

MOTHER FATHER { 12. Name Howard Fenix

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

{ 14. Maiden name Margaret Walker

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

16. (a) Informant Howard Fenix

(b) Address 924 N. Hall St W. Joplin

17. (a) Burial (b) Date thereof 8 20 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cardinal Cemetery

18. (a) Signature of funeral director W. H. Hill

(b) Address Joplin

19. (a) 8-20-43 (b) W. H. Hill
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper ⁴⁹

(c) City or town Webb City Mo ⁶
(If outside city or town limits, write "RURAL")

(d) Street No. 924 N. Hall St ²
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 18
year 1943 hour 11 minute 30 P M.

21. I hereby certify that I attended the deceased from 8/16
1943, to 8/18 1943;
that I last saw her alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumococci meningitis

Due to _____

Due to _____

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

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) _____

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)

(c) Means of injury 0

23. Signature W. H. Hill (M. D. or other) _____
Address Joplin Mo 8-20-43 Date signed _____

1204

(Licensed Embalmer's Statement on Reverse Side)

43-8-745

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: *Don Petrusch*

Licensed Embalmer No. *4008*

P. O. Address. *Joplin, 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.