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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 3 1944

Registration District No. 1499

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 40960

Registrar's No. 5371

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: 1622 Prospect
(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 6 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. 1622 Prospect
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Charles F. Fenton

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Irene E. Fenton

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

7. Birth date of deceased Feb. (Month) 22 (Day) 1871 (Year)

8. AGE: Years 72 Months 9 Days 26 If less than one day hr. min.

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

10. Usual occupation Retired Farmer

11. Industry or business

MOTHER FATHER

12. Name Thomas Fenton

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

14. Maiden name unknown

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

16. (a) Informant Mrs. Albert Welch Jr.

(b) Address 108 S. Willow K. C. Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12-19-43 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olivet Cem. Butler, Mo.

18. (a) Signature of funeral director George C. Carson

(b) Address Independence Missouri

19. (a) 12-18-43 (Date received local registrar) (b) P. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 18 year 1943 hour 1 minute 30 A.M.

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

Immediate cause of death Bronchopneumonia — Duration

Due to

Due to 107

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Inspection and History

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 name of place) (e) Means of injury

23. Signature G. E. Carson M.D.

Address 22 McCay Date 12/18/43

(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 George C. Carson

Licensed Embalmer No. 2249

P. O. Address Indep. 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.