DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 14 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

3731

State File No.

Registration District No. 244 Primary Registration District No. 5834 Registrar's No. 2

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

1. PLACE OF DEATH:

(a) County Newton

(b) City or town East Tipton Ford, Marion Twn; (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Rural; / (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 25 years years, months or days)

2. USUAL RESIDENCE OF DECEASED: 73

(a) State Missouri (b) County Newton

(c) City or town R.F.D. Joplin Mo; (If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

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

If yes, name country No

3. (a) PRINT FULL NAME Mary Francis Fenner;

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Fem.

5. Color or race white

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

6. (b) Name of husband or wife Louis Fenner

6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased Jan. 18, 1878; (Month) (Day) (Year)

8. AGE: Years 64 Months 11 Days 18 If less than one day hr. min.

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

10. Usual occupation housewife

11. Industry or business

FATHER
12. Name Alex Chambers;
13. Birthplace no record (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Lavina Smith
15. Birthplace no record (City, town, or county) 9 (State or foreign country)

16. (a) Informant Louis Fenner

(b) Address R.F.D. Joplin Mo;

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-8-44 (Month) (Day) (Year)

(c) Place: burial or cremation Spring Valley Cem.

18. (a) Signature of funeral director Hurlbut Und. Co;

(b) Address Joplin Mo;

19. (a) 1-8-1944 (Date received local registrar) (b) Mrs. S. Chapman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. 5, day 1944 year hour 10-5 P.M. minute M.

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

Immediate cause of death Probably Pneumonia

Due to

Due to 109.1

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature J. R. Reynolds CORONER (M.D. or other)

Address Reeds Mo Date signed 1-8-1944

1513

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 2-11-44

District Health Officer No. .....

District File Number 144-16

Date Filed 2-11-44

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 Perry K. Hurlbut

Licensed Embalmer No. 959

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.