

7. S. No. 2
DOM-2.43
ev. 5-17-39
I X35897

FILED JUN 23 1944
Registration District No. 57

Primary Registration District No. 5217

Registrar's No. 98

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

1. PLACE OF DEATH:

(a) County Cass

(b) City or town Rural, Austin Twp.
(If outside city or town limits, write "RURAL" and name of township)

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

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

In this community A few hours
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates

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

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

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

3. (a) PRINT FULL NAME George Washington Fenton

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Josie Fenton

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

7. Birth date of deceased Aug. 15 1871
(Month) (Day) (Year)

8. AGR:	Years	Months	Days	If less than one day
	<u>72</u>	<u>9</u>	<u>9</u>	_____ hr. _____ min.

9. Birthplace Burdett, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Insurance Agent

11. Industry or business _____

MOTHER FATHER { 12. Name John Fenton

13. Birthplace New York
(City, town, or county) (State or foreign country)

14. Maiden name Crume

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

16. (a) Informant Mrs. Josie Fenton

(b) Address Adrian Mo.

17. (a) Burial (b) Date thereof 5-26-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Burdett Cemetery

18. (a) Signature of funeral director Leath + Surf

(b) Address Adrian Mo.

19. (a) June 17, 1944 (b) Margaret Tolle
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24
year 1944 hour 11 AM minute _____ M.

21. I hereby certify that I attended the deceased from Feb 26 1944 to May 24 1944;
that I last saw him alive on May 23 1944;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Cerebral Hemorrhage

Due to arterio sclerosis 5 Yrs

Due to _____

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

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 D. S. Colson (M. D. or other) DO
Address Adrian Mo Date signed 7-29-44

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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.....

Fred J. Leath # 3343....., Registered Apprentice No.....

working under my personal supervision.

Signed..... *Adrian M.*

Licensed Embalmer No. *3650*

P. O. Address..... *Adrian M.*

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.