V. S. No. 2
00M—5-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 18 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 93923

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1164

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3016 Oak St. Kansas City, Mo. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether years, months or days)
In this community 9 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 3016 Oak Street 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Hade Brown FENTEM
3. (b) If veteran, name war No
3. (c) Social Security No. 478-07-6163
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife Lelia Fentem
6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased Sept. 3, 1887 (Month) (Day) (Year)
8. AGE: Years 58 Months 6 7 Days 5 If less than one day hr. min.
9. Birthplace Columbia (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation Salesman
11. Industry or business Lipp Truck Lines
MOTHER FATHER
12. Name Albert I. Fentem 6
13. Birthplace Troy (City, town, or county) Mo. 0 (State or foreign country)
14. Maiden name Laura B. Brown
15. Birthplace Sturgeon (City, town, or county) Mo. (State or foreign country)
16. (a) Informant Mrs. R.C. Ward
(b) Address 3236 Benton Blvd. K.C. Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-10-46 (Month) (Day) (Year)
(c) Place: burial or cremation Moberly, Mo.
18. (a) Signature of funeral director Mellody-McGilley-Eylar
(b) Address 1800 Linwood Blvd. K.C. Mo.
19. (a) 3-9-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8 th year 1946 hour 9 minute 00 A.M.
21. I hereby certify that I attended the deceased from 2 Coroner, 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 — Duration
Coronary Insufficiency
Due to Arteriosclerosis
Due to
Other conditions (Include pregnancy within 3 months of death) 94 A.
Major findings: Of operations
Of autopsy no
History & Inspection

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 Jamie C. Ellis M.D. (M. D. or other) Coroner
Address 1424 Pine Alley Date signed 3-8-46

(Licensed Embalmer's Statement on Reverse Side)

8318

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

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.....

Licensed Embalmer No. 2999 KC

P. O. Address.....

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.