

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12520

FILED APR 29 1946

Registration District No. _____

Primary Registration District No. 4095

Registrar's No. 53

1. PLACE OF DEATH:

(a) County Cass.

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

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

(d) Length of stay: In hospital or institution Does not apply.
(Specify whether)

In this community 30 years.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County Cass. 19

(c) City or town Drexel. 0
(If outside city or town limits, write "RURAL")

(d) Street No. No street numbers. 0
(If rural, give location)

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

3. (a) PRINT FULL NAME CHARLES FREDERICK 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 Elizabeth Fenton. 6. (c) Age of husband or wife if alive Dead. years

7. Birth date of deceased January, 8th, 1865.
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<u>81</u>		<u>3</u>	<u>0</u>	hr. _____ min.

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

10. Usual occupation Retired, Banker-Merchant.

11. Industry or business Retired.

MOTHER FATHER { 12. Name John Fenton.

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

14. Maiden name Mary J. Crume.

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

16. (a) Informant From Records Given J.B. Hays,
by deceased. Drexel, Missouri.

17. (a) Burial. (b) Date thereof 4/10/1946.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sharon Cemetery.

18. (a) Signature of funeral director J. Hays

(b) Address Drexel, Missouri.

19. (a) Apr. 9, 1946. (b) Charles Jones.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 8th
year 1946. hour 2 minute 50 P.M.

21. I hereby certify that I attended the deceased from September, 1944 to April, 8th, 1946.
that I last saw him alive on April, 7th, 1946.
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis sudden death
Duration _____

Due to _____

Due to Coronary sclerosis v. xrd

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

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) (c) Means of injury.

23. Signature Clifford Vautell (M. D. James)
Address Paola, Kans. Date signed 4/9/46.

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

11429

MAY 9 1948

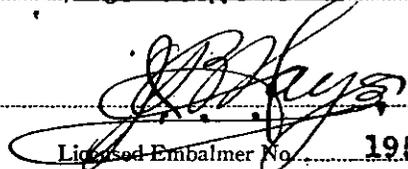
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~for~~ personally

~~XXXXXXXXXXXX~~

~~working under the supervision of~~

Signed.....



Licensed Embalmer No. 1950

P. O. Address Drexel, Missouri.

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.