

S. No. 2
1-8-43
5-17-39
X37823

FILED NOV 12 1946

Registration District No. _____

Primary Registration District No. 3002

State File No. _____

Registrar's No. 158

1. PLACE OF DEATH:

(a) County Audrain
(b) City or town Mexico
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Audrain County Jail 3
(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

3. (a) PRINT FULL NAME Alfred Earnest Anderson Fenton

3. (b) If veteran, name war NO 3. (c) Social Security No. 491-05-6884

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Margaret Fenton
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: Sept 3 1900
(Month) (Day) (Year)

8. AGE: Years 46 Months 1 Days 28
If less than one day hr. _____ min. _____

9. Birthplace Aberdeen, Scotland
(City, town, or county) (State or foreign country)

10. Usual occupation Engineer

11. Industry or business Mexico Refractories Co

12. Name Jonus Fenton

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

14. Maiden name Mary Anderson

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

16. (a) Informant Leonard Schwab

(b) Address Oklahoma City, Okla.

17. (a) Burial (b) Date thereon Nov 2 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood

18. (a) Signature of funeral director Clive Arnold

(b) Address Mexico, Missouri

19. (a) 11/3/46 (b) Blanche Kedy
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Audrain
(c) City or town Mexico
(If outside city or town limits, write "RURAL")
(d) Street No. 1605 S. Western
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct, day 31st
year 1946 hour 3 minute P M.

21. I hereby certify that I attended the deceased from Coroner's Case, 19____;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death by suicide, by hanging by his neck and using a cotton blanket as a noose causing strangulation.
Due to _____
Due to _____

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

Major findings: Of operations None

Of autopsy None

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) suicide
(b) Date of occurrence Oct 31 1946
(c) Where did injury occur? Audrain County Jail, Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 3

While at work? No (Specify type of place)
(e) Means of injury strangulation

23. Signature S. C. Adams (M: D. or other) _____
Address Mexico, Mo Date signed 11-1-46

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

MOTHER FATHER

RECEIVED
District Health Officer No. 10
District File Number 10-46-2055
Dec. Filed NOV - 8 1946

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 Everett P. Head

Licensed Embalmer No. 4038

P. O. Address Mexico, 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.