S. No. 2
M—5-43
. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 5 1947

Registration District No. 149

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 13438

Registrar's No. 1842

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:
3236 Benton Blvd.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none (Specify whether
In this community 10 years
years, months or days)

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. 3236 Benton Blvd. 8
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Laura B. FENTEM

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife Albert I. Fentem

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

7. Birth date of deceased March (Month) 14, (Day) 1857 (Year)

8. AGE: Years 90 Months 1 Days 8 If less than one day hr. min.

9. Birthplace Sturgeon, (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation At home

11. Industry or business --

FATHER
12. Name James Brown
13. Birthplace --- (City, town, or county) Missouri (State or foreign country) 0

MOTHER
14. Maiden name Mary Turner
15. Birthplace --- (City, town, or county) Missouri (State or foreign country) 0

16. (a) Informant Mrs. Roe Ward
(b) Address 3236 Benton Blvd., K.C., Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 4-25-47 (Month) (Day) (Year)
(c) Place: burial or cremation Moberly, Missouri

18. (a) Signature of funeral director Mellody-McGilley-Eylar
(b) Address Kansas City, Missouri

19. (a) 4-23-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 22
year 1947 hour 7 minute 15 P.M.

21. I hereby certify that I attended the deceased from 4/11/47, 19 to 4/22/47, 19;
that I last saw h 8:30 hrs alive on 8:30 am 4/21/47, 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Failure - Gen Art. Sclerosis c̄ Coronary

Due to disease

Due to

Other conditions Bronchial Asthma
(Include pregnancy within 3 months of death)

Major findings:
Of operations 94a

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) no
(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 0

23. Signature [illegible] (M. D. ~~or other~~)
Address 911 Wall Tower Bldg KC Mo Date signed 4/23/47

(Licensed Embalmer's Statement on Reverse Side)

Dr. Theodore Coffin
Waldheim Bldg,
after 1:00 p.m.
4/11

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 Russell N France

Licensed Embalmer No. 4255

P. O. Address K. C. 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.