V. S. No. 2
00M—5-43
ev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 9 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20056

Registration District No. 7 Primary Registration District No. 4020 Registrar's No.

1. PLACE OF DEATH:
(a) County Audrain
(b) City or town Martinsberg
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: At Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Audrain 4
(c) City or town Martinsberg, Missouri 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Joseph G. Fennewald
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July 27th 1879 (Month) (Day) (Year)
8. AGE: Years 67 Months 9 Days 7 If less than one day hr. min.
9. Birthplace Martinsberg (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation Shoe Cobbler
11. Industry or business
FATHER 12. Name Adolph Fennewald
13. Birthplace Osage County, Missouri 0 (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Catherine Komna
15. Birthplace Westphalia, Missouri 0 (City, town, or county) (State or foreign country)
16. (a) Informant Arnold Fennewald
(b) Address Martinsberg, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-3-47 (Month) (Day) (Year)
(c) Place: burial or cremation XXXXXX Martinsberg, Mo.
18. (a) Signature of funeral director K B Wells
(b) Address Wellsville, Missouri
19. (a) May 2, 1947 (Date received local registrar) (b) Mrs. Joe Carter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 1 year 1947 hour 1:30 minute A M.
21. I hereby certify that I attended the deceased from 4/30/47 to 5/1 1947 and that I last saw him alive on 5/1 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis — Duration 3 hours
Due to —
Due to —
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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature (M. D. or other)
Address Wellsville Mo. Date signed 5/1/47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 2-47-850
Date Filed JUL - 7 1947

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~~ 1st Day May 1947, Registered Apprentice No. ....., working under my personal supervision.

Signed [signature]

Licensed Embalmer No. 1487

P. O. Address Montgomery 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.