

S. No. 2  
M-5-43  
7-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED FEB 7 1948

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1072  
387  
Registrar's No.

Registration District No. 149

Primary Registration District No. 1002

1. PLACE OF DEATH:  
(a) County Jackson  
(b) City or town Kansas City, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Northeast Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 10 days  
(Specify whether years, months or days) 10 days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jackson  
(c) City or town Buckner  
(If outside city or town limits, write "RURAL")  
(d) Street No. none  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country.

3. (a) PRINT FULL NAME Emma Jane Fenner  
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 Wyatt Hundley Fenner  
6. (c) Age of husband or wife if alive years  
7. Birth date of deceased June 5, 1855  
(Month) (Day) (Year)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Jan day 28  
year 1948 hour 12:20 minute A M.  
21. I hereby certify that I attended the deceased from Jan 15, 1948, to Jan 28, 1948.  
that I last saw h. alive on Jan 28  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
92 7 23 hr. min.

Immediate cause of death Hypostatic pneumonia (fibr.) Duration 2 days  
Due to myocardial degeneration  
Due to fracture of right hip  
Other conditions (Include pregnancy within 3 months of death)

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

10. Usual occupation Housewife

11. Industry or business

12. Name Henry M. Elliott

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

14. Maiden name Margaret Dalrymple

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

16. (a) Informant Ned O. Fenner  
(b) Address Buckner, Missouri

17. (a) Burial (b) Date thereof Jan. 29, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Buckner Cemetary

18. (a) Signature of funeral director Hazel H. Rippert  
(b) Address Buckner, Missouri

19. (a) 1-28-48 (b) Beraldine Holmes  
(Date received local registrar) (Registrar's signature)

Major findings:  
Of operations 1860  
Of autopsy

22. If death was due to external causes, fill in the following;  
(a) Accident, suicide, or homicide (specify) Accident  
(b) Date of occurrence 1-15-48  
(c) Where did injury occur? Buckner, Jackson, mo  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
at home  
While at work? no (Specify type of place) (a) Means of injury fall  
23. Signature L. W. Higgins (M.D. or other) DD  
Address Buckner mo Date signed 1/28/48

PHYSICIAN  
Underline the cause to which death should be charged statistically.

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.....

*Ralph O Jones*....., Registered Apprentice No. *61*  
working under my personal supervision.

Signed *Hazel H. Reppert*  
Licensed Embalmer No. *4312*

P. O. Address *Buckner, 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.**