

FILED OCT 26 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 35348

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9230

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City 3908</u>	
c. LENGTH OF STAY (in this place) <u>2 days</u>		d. STREET ADDRESS (If rural, give location) <u>1837 E. 76th St 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Frisco Employees Hospital Assn</u>			
3. NAME OF DECEASED a. (First) <u>Frank</u> b. (Middle) <u>Harold</u> c. (Last) <u>Fenner</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 10, 1954</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Aug. 31, 1885</u>	
9. AGE (In years last birthday) <u>69 y</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Clark (Asst. Cashier)</u>	
11. BIRTHPLACE (State or foreign country) <u>Putnam, Conn.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Frank Fenner</u>		13b. MOTHER'S MAIDEN NAME <u>Lillian Stanton</u>	
14. NAME OF HUSBAND OR WIFE <u>Mabel Storr Fenner</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Wife, Mabel Storr Fenner</u>		ADDRESS <u>1837 E. 76th St, Kansas City</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Edema due to cardiac failure (acute)</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>522X</u>			
22. I hereby certify that I attended the deceased from <u>Oct. 8, 1954</u> to <u>Oct 10, 1954</u> , that I last saw the deceased alive on <u>Oct. 10, 1954</u> , and that death occurred at <u>8:40 P.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Norman Miller M.D.</u>		23b. ADDRESS <u>4960 Laclede Ave</u>	
23c. DATE SIGNED <u>10-10-54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>10-11-54</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Mt Moriah</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo</u>	
DATE REC'D BY LOCAL REG. <u>OCT 11 1954</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith M.D.</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>A.H. Hoppe</u>		ADDRESS <u>4704 Washington Ave.</u>	

(Licensed Embalmer's Statement on Reverse Side)

MAY 24 1955

MAY 31 1955

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-----

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*John J. James*

Licensed Embalmer No. 4198

P. O. Address *St. Louis, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.