WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JAN 21 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

38462

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No.
Township — Primary Registration District No. 1001 — Registered No. 1175
City St. Joseph, (No. 911 West Valley, St. Ward)

2. FULL NAME Charles A. Fender Jr.,
(a) Residence, No. 911 West Valley, St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 19 yrs. 5 mos. 22 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single,

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 13, 1913.

7. AGE: YEARS 19 — MONTHS 5 — DAYS 22 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None,
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph, Missouri,

FATHER
13. NAME Charles A. Fender Sr.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City, Missouri,

MOTHER
15. MAIDEN NAME Emma L. Milnikel,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph, Missouri,

17. INFORMANT (ADDRESS) Mrs. C. A. Fender Sr. 911 West Valley St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ashland Cem. DATE Dec. 8th. 1932

19. UNDERTAKER (ADDRESS) Heaton-BeGole & Bowman 319 S. 10th. St. Funeral Home

20. FILED DEC 7 1932 John R Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 5th, 1932

22. I HEREBY CERTIFY, That I attended deceased from 12/3, 1932, to 12/5, 1932.
I last saw him alive on 12/5, 1932. Death is said to have occurred on the date stated above, at 7:40 pm.
The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Broncho Pneumonia	
1A	
1B	
Other contributory causes of importance: Influenza	6 d.

Name of operation Clinical Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) C. S. Branson M. D.
(Address) 212 Kirkpatrick Bl