

NOV 21 1938

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

34503
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399

(b) Township New Primary Registration District No. 1002

(c) City N. C. Mo. (d) Street No. General Hospital #2 Registered No. 3839

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 540 Savannah Fennell

(a) Residence, No. 1615 Kansas Ave. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-22-1895

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>43</u>	<u>4</u>	<u>6</u>	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as 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) Texas

MOTHER FATHER

13. NAME Wm. Hammer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dalwood, Texas

MOTHER FATHER

15. MAIDEN NAME Deborah Hammer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dalwood, Texas

17. INFORMANT (ADDRESS) Record Clerk, General Hospital #2

18. BURIAL CREMATION, OR REMOVAL PLACE Blue Ridge DATE Oct 3-1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Doyle Bros, 1708 W. Macys Ave

20. FILED Oct 3 1938 M. M. Brown Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-28, 1938

22. I HEREBY CERTIFY, That I attended deceased from 6-7, 1938, to 9-28, 1938

I last saw her alive on 9-28, 1938 Death is said to have occurred on the date stated above, at 11:15 a. m.

The principal cause of death and related causes of importance were as follows:

Hypertensive type of Heart disease

Date of onset -

Other contributory causes of importance: 95B²

Name of operation - Date of -

What test confirmed diagnosis? - Was there an autopsy? no

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) J. C. Jones, D.

(Address) General Hospital #2

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.

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.