

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

**43560**  
 Do not use this space.

REC'D JAN 16 1939

**1. PLACE OF DEATH**

(a) County Linn Registration District No. 443  
 (b) Township Linn Primary Registration District No. 5601B  
 (c) City Hurdland (d) Street No. \_\_\_\_\_ St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (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**

52 Female Leucilla A. Fennell  
 (a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Robert F. Fennell</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 18, 1865</u>		
7. AGE <u>73</u>	YEARS <u>10</u>	MONTHS <u>10</u>
		DAYS <u>10</u>
		If LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>housewife</u>	
	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) <u>Marion, Ohio</u>		
FATHER	13. NAME <u>William H. Maguder</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>	
MOTHER	15. MAIDEN NAME <u>Jessie Todd</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>	
17. INFORMANT (ADDRESS) <u>R. F. Fennell</u> <u>Hurdland Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Hurdland</u> DATE <u>Dec 30, 1938</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Geo B. Caskey</u> <u>Hurdland Mo</u>		
20. FILED <u>1730</u> 19 <u>38</u> <u>Geo B. Caskey Jr</u> Local Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

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

22. I HEREBY CERTIFY, That I attended deceased from Dec 27, 1938 to Dec 28, 1938  
 I last saw him alive on Dec 27, 1938. Death is said to have occurred on the date stated above, at 9 P m.  
 The principal cause of death and related causes of importance were as follows:  
Cancer of bowels  
46  
 Other contributory causes of importance:  
Diabetic

Name of operation \_\_\_\_\_ 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 no  
 (Signed) N. M. Humphrey, M. D.  
 (Address) Boashear, Mo

WRITE PLAINLY, WITH UNFADING INK—THIS IS A VITAL 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.  
 I X14023  
 50-M-12-38

RECEIVED

District Health Officer No. 10

District File Number 10-38-797

Date Filed 1-12-39

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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.**