

DEC. JAN 10 1938

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

44085  
Do not use this space.

1. PLACE OF DEATH

(a) County Pettis 2 Registration District No. 668  
 (b) Township \_\_\_\_\_ Primary Registration District No. 3122 Registered No. 341  
 (c) City Sedalia 1 (d) Street No. 514 W 7 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 67 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Lazarus Frank Fessenden  
514 West 7 Sedalia Mo  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Margaret Brown Fessenden  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 18 1854  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
84 8 15  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Printer  
 9. Industry or business in which work was done, as saw mill, bank, etc. Newspapers  
 10. Date deceased last worked at this occupation (month and year) 1926 11. Total time (years) spent in this occupation 55

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 3- 1938  
 22. I HEREBY CERTIFY, That I attended deceased from June 8 1931 to Dec 3 1938  
 I last saw him alive on Dec 3 1938 Death is said to have occurred on the date stated above, at 11:45 a.m.  
 The principal cause of death and related causes of importance were as follows:

Coronary occlusion  
97N  
 Other contributory causes of importance:  
Chronic nephritis  
Chronic arteriosclerosis  
arterio sclerosis  
 Name of operation none Date of none  
 What test confirmed diagnosis? Chrom Was there an autopsy? no

Date of onset  
17 Aug  
Dec 3 1938  
as per  
phys  
report  
show

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Butler County 1  
Ohio  
 13. NAME Benjamin Franklin Fessenden  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mass 1  
 15. MAIDEN NAME Maria Elizabeth McNeil  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mass 1  
 17. INFORMANT (ADDRESS) Mrs E. D. Cameron  
Cleveland Ohio  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Crown Hill DATE Dec 5 1938  
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) McLaughlin Bros  
Sedalia  
 20. FILED 12-5- 1938 X  
 Local Registrar.

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? h Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? h (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. h  
 Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_  
 24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify \_\_\_\_\_  
 (Signed) Chasman, M. D.  
 (Address) Sedalia Mo

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.

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 1/14/39

**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 Ralph E. Baker

Licensed Embalmer No. 2419

P. O. Address Sedalia

**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.**

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

44085-  
Do not use this space.

1. PLACE OF DEATH

(a) County Pettis Registration District No. 668  
 (b) Township \_\_\_\_\_ Primary Registration District No. 3032 Registered No. 341  
 (c) City Sedalia (d) Street No. \_\_\_\_\_ (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 Lezarus Frank Jessenden

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
84 8 15

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.  
 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)

FATHER  
 13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER  
 15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE \_\_\_\_\_ DATE \_\_\_\_\_ 19\_\_\_\_

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 9-16 1929 Mrs. Harry Sneed Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 3 1938

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_

I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

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

Date of onset

Other contributory causes of importance:

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 \_\_\_\_\_

(Signed) Chas. A. McNeil, M. D.

(Address) Sedalia

SUPPLEMENTARY

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

