

REC'D AUG 7 1939

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

24573
Do not use this space.

1. PLACE OF DEATH
 (a) County Jackson 3 Registration District No. 399
 (b) Township Raw 2 Primary Registration District No. 1002
 (c) City Kansas City (d) Street No. 3215 Campbell St. Registered No. 2786
 (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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Benn F. Fenton
 (a) Residence, No. 4919 Walrond Ave., K.C. Mo. St. (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) Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 4 1859

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>79</u>	<u>10</u>	<u>6</u>	

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Brickmason
 9. Industry or business in which work was done, as saw mill, bank, etc. Contractor
 10. Date deceased last worked at this occupation (month and year) 5 or 6 years 11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pleasant Hill, Mo

FATHER
 13. NAME L.Z. Fenton
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unk.

MOTHER
 15. MAIDEN NAME Ellen Alvira Foster
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unk.

17. INFORMANT Mr and Mrs G.R. Foster
 (ADDRESS) 4915 Walrond Ave., K.C. Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Pleasant Hill Mo DATE 7/12 1939

19. FUNERAL DIRECTOR (NAME) Ott and Mitchell
 (ADDRESS) Independence, Mo.

20. FILED July 11 1939 M. M. Brown
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-10-1939

22. I HEREBY CERTIFY, That I attended deceased from 10-8- 1939 to 7-10- 1939
 I last saw him live on 7-10- 1939 Death is said to have occurred on the date stated above, at 10:20 a.m. AM
 The principal cause of death and related causes of importance were as follows:
Gastric Carcinoma
let age and
general debility.
 Date of onset 10/29
hb

Other contributory causes of importance:
Cardiac failure
due to general
wear and

Name of operation none Date of
 What test confirmed diagnosis? clin. lab. Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no 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? no
 If so, specify
 (Signed) D. Alfred E. Linnell
 (Address) 612 1/2 Chandler Bldg
K.C. 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.

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.