

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

24605
 Do not use this space.

DESD AUG 7 1939

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Kaw Primary Registration District No. 1002
 or Kansas City
 (c) City Kansas City (d) Street No. 78th & Wornall 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. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

Registered No. 2818

2. PRINT FULL NAME

536 William H. Fender
 (a) Residence, No. 4115 Main 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 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 Lucy D. Fender

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 22, 1853

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
85 9 19

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

12. BIRTHPLACE (CITY OR TOWN) Sebance
 (STATE OR COUNTRY) Illinois

FATHER 13. NAME John Fender

14. BIRTHPLACE (CITY OR TOWN) Not Known
 (STATE OR COUNTRY) Illinois

MOTHER 15. MAIDEN NAME Wend Kendrick

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

17. INFORMANT Miss Cora Fender
 (ADDRESS) 4115 Main

18. BURIAL, CREMATION, OR REMOVAL PLACE Memoiral Park DATE 7/13/39

19. FUNERAL DIRECTOR (NAME) Quirk & Tobin Co.
 (ADDRESS) Kansas City, Mo.

20. FILED July 13 1939 M. M. Crowe
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-11-39

22. I HEREBY CERTIFY, That I attended deceased from 19... to 19...
 I last saw him live on Coroner, 19... Death is said to have occurred on the date stated above, at 7:30 P.M.
 The principal cause of death and related causes of importance were as follows:

Senility
16 2/3

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) Arthur Hunter, M. D.

(Address) 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..... *Maurice M. Quirk*
Licensed Embalmer No. *2226*
P. O. Address..... *KC Mo.*

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.