

DEC 22 1941

Registration District No. 399

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson,
(b) City or town Kansas City,
(c) Name of hospital or institution:
5103 Olive,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution X
(Specify whether
In this community 45 years,
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Jackson,
(c) City or town Kansas City,
(If outside city or town limits, write "RURAL")
(d) Street No. 5103 Olive,
(If rural, give location)
(e) If foreign born, how long in U. S. A.? X years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 12th,
year 1941 hour 2:20 minute A. M.

21. I hereby certify that I attended the deceased from
Nov. 8, 1941, to Nov. 10, 1941;
that I last saw him alive on Nov. 10, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death
Cancer of the lungs.

Due to _____
Due to _____

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy no

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) _____ (County) _____ (State) _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place)
(e) Means of injury 0

23. Signature Joe W. Abraham (M. D. or other)
Address 1518 Orlyale B. My K C. Date signed 11-12-41

Duration
do not know
PHYSICIAN
Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

3. (a) PRINT FULL NAME Edward Francis Fenlon,

3. (b) If veteran, name war _____ 3. (c) Social Security No. X

4. Sex 0 Male | 5. Color or race White | 6. (a) Single/widowed, married, divorced Married,

6. (b) Name of husband or wife Edith Fanell Fenlon, 6. (c) Age of husband or wife if alive 65 73 years

7. Birth date of deceased January 21 1869
(Month) (Day) (Year)

8. AGE: Years 72 Months 9 Days 21 If less than one day
hr. _____ min.

9. Birthplace Kansas, (City, town, or county) (State or foreign country)

10. Usual occupation Retired,

11. Industry or business X

12. Name Edward Fenlon,

13. Birthplace Ohio, (City, town, or county) (State or foreign country)

14. Maiden name Mary Denman,

15. Birthplace Ohio, (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Edith F. Fenlon,

(b) Address 5103 Olive, Kansas City, Mo.

17. (a) Removal, (b) Date thereof 11-12-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Leavenworth, Kansas,

18. (a) Signature of funeral director Stine & McClure,

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 11-13-41 (b) M. M. Crow
(Date received local registrar) (Registrar's signature)

Dr. J. W. Graham, Argyle Bldg., 1 p.m.

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.....

Thillie H. Bennett

Registered Apprentice No. *282*

working under my personal supervision.

Signed

Felix Remy

Licensed Embalmer No. *H127*

P. O. Address *K.C. 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, fact should be so stated above.

RECEIVED BY THE BOARD OF HEALTH

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State of Mo
County of Jackson ss.

State File No.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 4217

On this 30 day of Dec, 1941, before me appears Edith Farrell Toulon, who, upon Sw oath, states that the original record of ~~birth~~ death for Edw J Toulon died Nov 12, 1941, in the State of Missouri, and which was filed at K 6. on 11/13, 1941, should be corrected as follows:

Item No. 6c should read 73 yrs.

Instead of 86 yrs.

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant

Edith Farrell Toulon Wife
Relationship.

5103 Olive St.

Present Address.

Subscribed and sworn to before me this 30 day of Dec, 1941.

My Commission expires 9-27-43 Margaret M. Brown Notary Public.

All entries containing erasures will not be accepted; draw one line through error and write above it.

S-37422