

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

FILED APR 7 1945

State File No. 10111

Registration District No.

Primary Registration District No. 5092

Registrar's No.

1. PLACE OF DEATH

(a) County. BATES - PLEASANT GAP
(b) City or town. RFD - RICH HILL - TWP -
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 1
(Specify whether
In this community 40 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. MO (b) County. BATES
(c) City or town. RURAL - RICH HILL RFD
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country. 0

3. (a) PRINT FULL NAME CAROLINE C. FENNEWALD

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

4. Sex. F 5. Color or race. W 6. (a) Single, widowed, married, divorced. 2

6. (b) Name of husband or wife. JOHN FENNEWALD 6. (c) Age of husband or wife if alive. years

7. Birth date of deceased. JULY 3 - 1875
(Month) (Day) (Year)

8. AGE: Years 66 Months 8 Days 22 If less than one day hr. min.

9. Birthplace. HENRY Co. Mo. (City, town, or county) (State or foreign country)

10. Usual occupation. HOUSEWIFE

11. Industry or business.

12. Name. HENRY SCHEER

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

14. Maiden name. CAROLINA MESTMACHER

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

16. (a) Informant. Willie Fennewald
(b) Address. Rich Hill RFD

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof. mar 27 - 42
(Month) (Day) (Year)

(c) Place: burial or cremation. Fennewald Cem - Rich Hill
(d) Signature of funeral director. Booth Fennewald
(e) Address. Butler

19. (a) 3/27/42 (Date received local registrar) (b) Mrs. Pauline Baum (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month. MAR. day. 25
year. 1942 hour. 71 minute. 30 P.M.

21. I hereby certify that I attended the deceased from March 20, 1942, to March 25, 1942
that I last saw her alive on March 24, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death. Cerebral hemorrhage

Due to.

Due to.

Other conditions. (Include pregnancy within 3 months of death)

Major findings: Of operations. § 301

Of autopsy.

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?
(Specify type of place) (e) Means of injury.

23. Signature. W. H. Ellett (M. D. or other) MD
Address. Appleton City Date signed. 3-27-42

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

07
00
0

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer, No. 7,

District File Number 4-42-287

Date Filed 4-6-42

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

John W. Henderson

Licensed Embalmer No. 3585

P. O. Address Butler 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.