S. No. 2
M—9-4-41
. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

1881

State File No.

FILED FEB 10 1949

Registration District No. 1949

Primary Registration District No. 5229

Registrar's No. 31

**1. PLACE OF DEATH:**

(a) County Cass

(b) City or town Pleasant Hill (Rural)
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1 Polk Twp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ——— (Specify whether
In this community ——— years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Cass 19

(c) City or town Pleasant Hill (Rural)
(If outside city or town limits, write "RURAL")

(d) Street No. Polk Twp. 0
(If rural, give location)

(e) Citizen of foreign country? ——— (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Jessie Andrew Fenton

3. (b) If veteran, name war ———

3. (c) Social Security No. ———

4. Sex Male

5. Color or race Wh

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Mary Fenton

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased March (Month) 1 (Day) 1874 (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 68 | 10 | 8 | hr. min. |

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

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Robert Edward Fenton
13. Birthplace Louisville (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name Nannie Kirk
15. Birthplace Harrisonville (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Lawrence Fenton
(b) Address Pleasant Hill Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1-10-42 (Month) (Day) (Year)

(c) Place: burial or cremation Strasburg Cemetery

18. (a) Signature of funeral director D. A. Nofsinger
(b) Address Pleasant Hill Mo

19. (a) Feb. 4, 1943 (Date received local registrar) (b) Margaret Volle (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Jan day 8 year 1943 hour 5 minute P. M.

21. I hereby certify that I attended the deceased from Apr 15, 1942 to Jan 8, 1943 that I last saw him alive on Jan 15, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Landes Paralysis

Due to ✓

Due to 82.1

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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)

While at work? (e) Means of injury?

23. Signature M. R. Ballut (M. D. or other) M.D.

Address Pleasant Hill Mo Date signed 1/9/43

1041

(Licensed Embalmer's Statement on Reverse Side)

## 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. D. S. Nofsinger

Licensed Embalmer No. 3928

P. O. Address Pleasant Hill

**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.**