

FILED FEB 9 1944

Primary Registration District No. 3056

Registrar's No. 27

1. PLACE OF DEATH:

(a) County Randolph
(b) City or town Moberly
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: McCormick Hospital
(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 Randolph
(c) City or town Moberly
(If outside city or town limits, write "RURAL")
(d) Street No. 605 Fort St
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John W. Fennel

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years (Day) (Year)

8. AGE: Years Months Days If less than one day
58 3 10 hr. min.

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

10. Usual occupation Partner

11. Industry or business Fennel Body & Auto Works

MOTHER FATHER { 12. Name William Fennel
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name Mary Adler
15. Birthplace Mo (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. John Fennel
(b) Address Moberly, Mo

17. (a) Burial (b) Date thereof Jan 30 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Moberly, Mo

18. (a) Signature of funeral director Mahan and Son
(b) Address Moberly, Mo

19. (a) 1-31-44 (b) Irma Nowell
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 28th
year 1944 hour 1:00 minute P.M.

21. I hereby certify that I attended the deceased from Jan 11 1944 to Jan 28 1944
that I last saw him alive on Jan 28 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage into stomach & intestines caused by some Hemorrhagic disease
Due to or putrefaction Duration 3 hrs

Due to _____
Other conditions 1720
(Include pregnancy within 3 months of death)

Major findings: Of operations none
Of autopsy No organic disease except enlarged spleen & liver.
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? _____
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature P. V. Dreyer (M. D. or other) M.D.
Address Huntsville, Mo Date signed 1/31/44

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

RECEIVED

District Health Officer No. 10

District File Number 2-44-421

Date Filed FEB 8 1944

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 Frank D. De Witt

Licensed Embalmer No. 3021

P. O. Address Moberly, 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.