

FILED MAY 8 1944

Registration District No. _____

Primary Registration District No. 3016

Registrar's No. 94

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town Jefferson
(c) Name of hospital or institution: St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 weeks (Specify whether years, months or days)

In this community _____ years, months or days

3. (a) PRINT FULL NAME John Fennewald

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary Schwartz 6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased Jan 9, 1870
(Month) (Day) (Year)

8. AGE: Years 74 Months 3 Days 4 hr. _____ min. _____
If less than one day

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER
12. Name Henry Fennewald
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Mary Feldman
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Elizabeth Fennewald
(b) Address Westphalia, Mo
17. (a) Burial (b) Date thereof 7/17/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Westphalia, Mo
Chas. Morlon

18. (a) Signature of funeral director Chas. Morlon
(b) Address Box 144, Linn, Mo

19. (a) 4-15-44 (b) Therma Richter
(Date received local registrar) (Registrar's signature)

4-22-44 877 Dr. J. A. [illegible] (Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Osage
(c) City or town Westphalia Rural
(If outside city or town limits, write "RURAL")
(d) Street Jefferson (If rural, give location)
(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 13
year 1944 hour 8 minute 53 A.M.

21. I hereby certify that I attended the deceased from Feb 24, 1944, to April 13, 1944
that I last saw him alive on April 13, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Obstructive Pulmonary
cur basis of lungs
Due to Chronic gall bladder
Due to disease resulting
in acute empyema
Other conditions of gall bladder
(Include pregnancy within 6 months of death)

Duration

PHYSICIAN
Major findings Empyema of gall bladder
Of operations (Cholecystectomy)
Of autopsy suppurative
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) 12451
(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?

White at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature J. A. [illegible] (M. D. or other)
Address Jefferson City, Mo Date signed 4-15-44

RECEIVED

District Health Officer No. 9,

District File Number _____

Date Filed 5-5-44

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 _____

working under my personal supervision.

Registered Apprentice No. _____

Signed _____

Vernon Norton

Licensed Embalmer No. 4125

P. O. Address _____ Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.