

S. No. 2
 M-8-43
 v. 5-17-39
 -I X37823

28018

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No.

FILED SEP 14 1944
 Registration District No. 137

Primary Registration District No. 3028

Registrar's No. 181

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

1. PLACE OF DEATH:
 (a) County Jasper
 (b) City or town Carthage
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: McCune-Brooks Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 12 days
 (Specify whether
 In this community 20 years
 years, months or days)

3. (a) PRINT FULL NAME Charles Fessenden
 3. (b) If veteran, name war No
 3. (c) Social Security No. None

4. Sex Male
 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Eva Fessenden
 6. (c) Age of husband or wife if alive 71 years
 7. Birth date of deceased April 13 1865
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	79	3	27	hr. min.

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

10. Usual occupation Retired Carpenter

11. Industry or business None

MOTHER FATHER
 12. Name Unknown
 13. Birthplace Unknown Unknown
 (City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Unknown Unknown
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Eva Fessenden
 (b) Address Route 3, Carthage, Mo.

17. (a) Burial (b) Date thereof Aug. 12, 1944
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Cemetery
 Knell Mortuary

18. (a) Signature of funeral director Carthage, Missouri

(b) Address Carthage, Missouri
 19. (a) (Date received local registrar) (b) Registrar's signature

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jasper
 (c) City or town Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. Route 3, Carthage
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 10
 year 1944 hour 12 minute 50 P. M.

21. I hereby certify that I attended the deceased from Aug 8 1944 to Aug 10 1944
 that I last saw him alive on Aug 10 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death: Intestinal obstruction
 Due to adhesions

Due to
 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?

While at work? (Specify type of place)
 (e) Means of injury
 23. Signature P. A. Webster (M. D. or other)
 Address Carthage, Mo Date signed Aug 11 1944

1203 (Licensed Embalmer's Statement on Reverse Side)

#4-9-695

7-10-68 0348

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..... *Emmal R. Stuebel*

Licensed Embalmer No..... *391*

P. O. Address..... *Carefree*

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.