

BUREAU OF THE CENSUS
FILED NOV 10 1944

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. **324**

Primary Registration District No. **3-72**

Registrar's No. **175**

1. PLACE OF DEATH:

(a) County **Saline**
(b) City or town **Marshall**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
751 West North St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **23 years**
years, months or days

3. (a) PRINT **George Monroe Fenwick**
FULL NAME

3. (b) If veteran, name war **none** 3. (c) Social Security No. **none**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**

6. (b) Name of husband or wife. ********* 6. (c) Age of husband or wife if ********* years
alive **October 15, 1873**

7. Birth date of deceased. (Month) (Day) (Year)

8. AGE: Years **70** Months **11** Days **27** If less than one day
hr. min.

9. Birthplace **Cooper County, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Laborer**

11. Industry or business _____

12. Name **Benjamin F. Fenwick**

13. Birthplace **Cooper County, Mo.**
(City, town, or county) (State or foreign country)

14. Maiden name **Elizabeth Staples**

15. Birthplace **Jackson County, Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Lester M. Fenwick**

(b) Address **Marshall, Mo.**

17. (a) **Burial** (b) Date thereof **Oct. 14, 1944**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Arrow Rock, Missouri**

18. (a) Signature of funeral director **Wm. E. Brown**
(b) Address **Secalia, Mo.**

19. (a) **Oct 14-44** (b) **Wm To Woodson**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Saline**
(c) City or town **Marshall**
(If outside city or town limits, write "RURAL")
(d) Street No. **751 West North St.**
(If rural, give location)
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION **12**

20. DATE OF DEATH: Month **Oct.** day **12**
year **1944** hour **2:45** minute **A.M.**

21. I hereby certify that I attended the deceased from **Aug 10** to **Oct 12**
that I last saw him alive on **Oct 11** and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Arterial sclerosis
Due to _____

Due to _____

Other condition **Chronic**
(Include pregnancy within 3 months of death) **Fracture**

Major findings: Of operations _____

Of autopsy **106 lb**
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 _____

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 _____ (c) Means of injury _____

23. Signature _____ (M. D. or other)

Address _____ Date signed **10/12/44**

Dr. Simmons
Mrs. Westbrook
1155 S. Redmond

District File Number

Date Filed

11-9-44

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed

Quane Ewing

Licensed Embalmer No.

384-7

P. O. Address

Seattle, Wash.

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.