

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 24 1946
Registration District No. 324

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43159
Registrar's No. 198

Primary Registration District No. 3272

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:
573 South Lafayette
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community All his life
(years, months or days)

3. (a) PRINT FULL NAME Edgar Lee Fenwick

3. (b) If veteran, name war _____ 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 Mrs Lena Fenwick 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased August 23rd, 1868
(Month) (Day) (Year)

8. AGE: Years 78 Months 3 Days 8 If less than one day hr. _____ min. _____

9. Birthplace Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Retired farmer

11. Industry or business _____
12. Name Benjamin Franklin Fenwick
13. Birthplace Cooper county, Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Patton Staples
15. Birthplace Independence, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Lena Fenwick
(b) Address Marshall, Mo
17. (a) Burial (b) Date thereof Dec. 3, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Arrow Rock, Mo

18. (c) Signature of funeral director Paul Lee
(b) Address Marshall, Mo
19. (a) 12-4-46 (b) Mot. O. Westbrook
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline 77
(c) City or town Marshall
(If outside city or town limits, write "RURAL") 1
(d) Street No. 573 South Lafayette 2
(If rural, give location) 0
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 1st year 1946 hour 3 minute 30 P. M.
21. I hereby certify that I attended the deceased from November 1st, 1946 to Dec. 1st, 1946
that I last saw him alive on Dec. 1st, 1946
and that death occurred on the date and hour stated above.
Immediate cause of death Myocarditis

Due to Bronchiectasis

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____ Of autopsy No

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 R. L. Lawless (M. D. Lawless)
Address Marshall, Mo Date signed 12-3-46

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 12-21-46

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

R. W. Campbell Jr.

Licensed Embalmer No. 3469

P. O. Address Marshall

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.