No. 2
-1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAY 21 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 16484

Registration District No. 38 — Primary Registration District No. 3006 — Registrar's No. 149

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

1. PLACE OF DEATH:
(a) County: Boone
(b) City or town: Columbia (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Boone County Hospital (If not in hospital or institution, write street number or location) 0
(d) Length of stay: In hospital or institution: 4 Days (Specify whether
In this community: 40 Years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Boone 10
(c) City or town: Columbia (If outside city or town limits, write "RURAL") 0
(d) Street No.: Route 4 (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME: WILLIAM COTTON FENLEY
3. (b) If veteran, name war: None
3. (c) Social Security No.:
4. Sex: Male C
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married 1
6. (b) Name of husband or wife: Sarah Offutt Fenley
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: 4 (Month) - 17 (Day) - 1899 (Year)

8. AGE: Years	Months	Days	If less than one day
48	0	25	hr. min.

9. Birthplace: Callaway County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business:
FATHER
12. Name: R.T. Fenley
13. Birthplace: Callaway County (City, town, or county) Missouri (State or foreign country) 0
MOTHER
14. Maiden name: Alice Ann Robnett
15. Birthplace: Callaway County (City, town, or county) Missouri (State or foreign country) 0
16. (a) Informant: Mrs. W.C. Fenley
(b) Address: Route 4, Columbia, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5-14-47 (Month) (Day) (Year)
(c) Place: burial or cremation: White Cloud Cemetery
18. (a) Signature of funeral director: Parker Funeral Service
(b) Address: Columbia, Missouri.
19. (a) 5-17-47 (Date received local registrar) (b) Mrs R E Palmer (Registrar's signature) 31

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12 year 1947 hour 8 minute A. M.

21. I hereby certify that I attended the deceased from Feb 1947, to May 12, 1947 that I last saw him alive on May 11, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma Sigmoid Recurrent	
Due to: 1st operation 1943	4 yrs.
Due to:	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations: Carcinoma sigmoid c metastases
Of autopsy:

PHYSICIAN — Underline the cause of 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? (Specify type of place) 0
While at work? (e) Means of injury

23. Signature: Hudson Roland (M. D. or other) MD
Address: Columbia Mo Date signed 5/15/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9
District File Number
Date Filed 5-20-47

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 Chas L Waring

Licensed Embalmer No. 4132

P. O. Address Columbia N

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.