

S. No. 2
OM-5-43
v. 5-17-39
No. 1 X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26745**
Registrar's No. **226**

FILED SEP 4 1947

Registration District No. **38**

Primary Registration District No. **3006**

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: **409 Dysart St. 1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **67 Years** (Specify whether
In this community **67 Years** years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Boone**
(c) City or town **Columbia** (If outside city or town limits, write "RURAL")
(d) Street No. **409 Dysart St.** (If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **FRANK FENTON**
3. (b) If veteran, name war **None**
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Aug.** day **23**
year **1947** hour **12** minute **05 A.M.**
21. I hereby certify that I attended the deceased from
Aug - 1946, to Aug - 23 1947.
that I last saw him alive on **Aug - 22 1947;**
and that death occurred on the date and hour stated above.

4. Sex **Male** **5. Color or race** **White**
6. (a) Single, widowed, married, **3 divorced Divorced**
6. (b) Name of husband or wife. _____ **6. (c) Age of husband or wife if**
alive _____ years
7. Birth date of deceased. **10 - 2 - 1879**
(Month) (Day) (Year)

Immediate cause of death
Valvular Heart Disease
Duration _____

8. AGE: Years **67** Months **10** Days **21**
If less than one day _____ hr. _____ min.

Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

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

10. Usual occupation **Retired Farmer**

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN
Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____
12. Name **Caleb Renton**
13. Birthplace **Unknown**
(City, town, or county) (State or foreign country)
14. Maiden name **Jennie Hall**
15. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Harold Fenton**
(b) Address **Columbia, Mo.**

17. (a) **Burial** (b) Date thereof **8-24-47**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Memorial Park Cemetery**

18. (a) Signature of funeral director **Parson Funeral Service**
Columbia, Mo.
(b) Address _____

19. (a) **Aug 25, 1947** (b) **Mrs. R.E. Palmer**
(Date received local registrar) (Registrar's signature)

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) (e) Means of injury _____

23. Signature **F. C. Suggs** (M. D. or other) **MD**
Address **Columbia** Date **Aug 24 1947**

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

9/3/47
David E. ...
District Health Officer No. 9
RECEIVED

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..... *Thas L. Loring*

Licensed Embalmer No. *4132*

P. O. Address *Columbia, Mo*

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.