DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 12 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 25098

Registration District No. 324 Primary Registration District No. 3072 Registrar's No. 162

1. PLACE OF DEATH:

(a) County: Saline

(b) City or town: Marshall, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Fitzgibbon Hospital, Marshall
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days (Specify whether years, months or days)

In this community 42 years.

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. 457 West Morgan
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country #

3. (a) PRINT FULL NAME: Ethel E. Fenwick

3. (b) If veteran, name war #

3. (c) Social Security No. 500-20-2306

4. Sex: F

5. Color or race: W

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: William H. Fenwick

6. (c) Age of husband or wife if alive: 58 years

7. Birth date of deceased: September 21, 1903 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
44	10	3	hr. min.

9. Birthplace: Wright County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business: "

12. Name: Orlando Eaton

13. Birthplace: Unknown (City, town, or county) Indiana (State or foreign country)

14. Maiden name: Mary Petitt

15. Birthplace: Niangua (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: William H. Fenwick

(b) Address: 457 W. Morgan, Marshall, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7/26/48 (Month) (Day) (Year)

(c) Place: burial or cremation: Ridge Park Cemetery

18. (a) Signature of funeral director: J. Leslie Gurney

(b) Address: Marshall, Mo.

19. (a) July 26-1948 (Date received local registrar) (b) Sidney A. Gray (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24 year 1948 hour 3 minute 30 P.M.

21. I hereby certify that I attended the deceased from July 23, 1948 to July 24, 1948, that I last saw alive on July 24, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature: James A. Reid (M. D. or other)

Address: Marshall Mo. Date signed 7-26-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 8-11-48

AUG 18 1948

AUG 21 1948

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 J. Leslie Sussex

Licensed Embalmer No. 3235 0

P. O. Address Marshall

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State of Missouri } ss.
County of Saline

State File No. 23[illegible]
Local Registrar's No. 162

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 2nd., day of August, 1948, before me appears William H. Fenwick, who, upon his oath, states that the original record of ~~birth~~ death for Ethel E. Fenwick ~~born~~ died July 24th., 1948, in the State of Missouri, and which was filed at Marshall, Mo. on July 26, 1948 should be corrected as follows:

Item No. 3 (a) should read Ethel F. Fenwick

Instead of Ethel E. Fenwick

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant William H Fenwick Husband
Relationship.

457 W. Morgan Marshall, Mo.
Present Address.

Subscribed and sworn to before me this 2nd, day of August, 1948.

My Commission expires February 1st, 1950 Edna Giger, Notary Public.

Affidavits containing erasures will not be accepted; draw one line through

S. 135
5-42
K31340

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