No. 300
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED DEC 14 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36258

Registration District No. 133 Primary Registration District No. 5490 Registrar's No. 88

1. PLACE OF DEATH:

(a) County Harrison

(b) City or town New Hampton Rural White Oak Twp (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3½ Miles South East of New Hampton (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether

In this community 64 years years, months or days)

2. USUAL RESIDENCE OF DECEASED: 41

(a) State Missouri (b) County Harrison

(c) City or town New Hampton Rural (If outside city or town limits, write "RURAL")

(d) Street No. 3½ Mile South East of New Hampton (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Benton Lewis Fenimore

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M O

5. Color or race W

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Bonnie Fenimore

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased April (Month) 22 (Day) 1879 (Year)

8. AGE: Years 69 Months 6 Days 16 If less than one day ..... hr. ..... min.

9. Birthplace Winter Set (City, town, or county) Iowa (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Alexander Fenimore
13. Birthplace Alexander (City, town, or county) Ind (State or foreign country)

MOTHER
14. Maiden name Lydia M Miller
15. Birthplace Brox Cap (City, town, or county) Virginia (State or foreign country)

16. (a) Informant Clifford Finnemore

(b) Address New Hampton Mo

17. (a) Mt Zion (Burial, cremation, or removal) (b) Date thereof Nov (Month) 10 (Day) 1948 (Year)

(c) Place: burial or cremation Burial

18. (a) Signature of funeral director W G Noble

(b) Address New Hampton Mo

19. (a) Rec'd 12/2/48 (Date received local registrar) (b) Zola Burris (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 8 year 1948 hour 7 minute 45 AM.

21. I hereby certify that I attended the deceased from ✓ ✓, 19..., to ..., 19...; that I last saw h..... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Suicide

Due to By Hanging

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

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) Suicide

(b) Date of occurrence Nov 8 1948

(c) Where did injury occur? White oak twp (City or town) Harrison (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? On the Farm (Specify type of place) 2

While at work? (e) Means of injury

23. Signature Joe E. Wheeler (M. D. or other) Coroner

Address Bethany Mo Date signed Nov 9 1948

(Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
CARTHAGE, MO.

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 Me

....., Registered Apprentice No.....,

working under my personal supervision.

Signed W S Noble

Licensed Embalmer No. 2904

P. O. Address New Hampton

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.