

S. No. 300
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FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED DEC 4 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **36527**
Registrar's No. **4591**

Registration District No. **149**

Primary Registration District No. **1002**

1. PLACE OF DEATH:
(a) County **Jackson**
(b) City or town **Kansas City**
(c) Name of hospital or institution: **St. Luke's Hospital**
(If not in hospital or institution, write street number and location)
(d) Length of stay: In hospital or institution **4 hrs 15 min**
In this community **4 hrs 15 min**
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **1823 Kensington**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3: (a) PRINT FULL NAME **James Gary Fenton**
3. (b) If veteran, _____ **3. (c) Social Security No.** _____
name was _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **November** day **9th**
year **1948** hour **2** minute **00 A.** M.
21. I hereby certify that I attended the deceased from **9:45 P**
11-8, 19**48**, to **2:00 AM 11-9**, 19**48**
that I last saw him alive on **11-9**, 19**48**
and that death occurred on the date and hour stated above.

4. Sex **Male** **5. Color or race** **white**
6. (a) Single, widowed, married, **divorced** **single**
6. (b) Name of husband or wife _____ **6. (c) Age of husband or wife if**
alive _____ years
7. Birth date of deceased **11** **8** **1948**
(Month) (Day) (Year)

Immediate cause of death **3 premature 6 1/2 mo**
Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____
Major findings: **159**
Of operations _____
Of autopsy _____

8. AGE: Years _____ Months _____ Days _____ If less than one day **4 hr. 15 min.**
9. Birthplace **Kansas City Missouri**
(City, town, or county) (State or foreign country)
10. Usual occupation **infant**

11. Industry or business _____
12. Name **James Andrew Fenton**
13. Birthplace **Pleasant Hill Missouri**
(City, town, or county) (State or foreign country)
14. Maiden name **Marie Lucille Stearns**
15. Birthplace **St. Louis Missouri**
(City, town, or county) (State or foreign country)

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?
Edw. H. Thiessen (Specify type of place) _____
While at work? _____ (e) Means of injury _____

16. (a) Informant **Mr. J. A. Fenton**
(b) Address **1823 Kensington, K.C. Mo**
17. (a) Burial **Green Lawn** **(b) Date thereof** **Nov. 11-48**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation _____
18. (a) Signature of funeral director **O.P. Doehler**
(b) Address **1415 5th St**
19. (a) 11-10-48 **(b) Geraldine Holmes**
(Date received local registrar) (Registrar's signature)

23. Signature **Edw. H. Thiessen** (M. D. or other) _____
Address **1823 Kensington** **Date signed** **11-9-48**

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

MOTHER FATHER

PHYSICIAN
Underline the cause to which death should be charged statistically.

1
1000 1000 1000

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.....

Licensed Embalmer No.....

P. O. Address.....

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.