

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **27661**

SEP 15 1952

0362

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

BIRTH NO. _____		REG. DIST. NO. <u>116</u>		PRIMARY REG. DIST. NO. <u>3020</u>		Registrar's No. <u>138</u>	
1. PLACE OF DEATH a. COUNTY <u>Franklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Washington</u>		c. LENGTH OF STAY (in this place) <u>2 1/2 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Washington</u>		d. STREET ADDRESS (If rural, give location) <u>615 East 3rd St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>615 East 3rd St.</u>				d. STREET ADDRESS (If rural, give location) <u>615 East 3rd St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>EDWIN</u> b. (Middle) <u>CHESTER</u> c. (Last) <u>FENNER</u>			4. DATE OF DEATH (Month) <u>9</u> (Day) <u>11</u> (Year) <u>1952</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>1-4-1900</u>		9. AGE (In years last birthday) <u>52</u>	Months <u>8</u>	Days <u>7</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Doctor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Cathopath</u>		11. BIRTHPLACE (State or foreign country) <u>Millwaukee Wis.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Edward George Fenner</u>		13b. FATHER'S MAIDEN NAME <u>Emma Marie Boger</u>		14. NAME OF HUSBAND OR WIFE <u>May Sue Fenner</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes World War #1</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Edward G. Fenner</u>		ADDRESS <u>Washington, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Cancer of the lungs</u>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of the lungs</u>					INTERVAL BETWEEN ONSET AND DEATH <u>0</u>
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>163x</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Sept 1</u> , 19 <u>52</u> , to <u>Sept 11</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>Sept 1</u> , 19 <u>52</u> and that death occurred at <u>5:00 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>E. J. Fenner</u>			23b. ADDRESS <u>Washington, Mo.</u>		23c. DATE SIGNED <u>9/12/52</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9-15-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New London Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>New London Missouri</u>			
DATE REC'D BY LOCAL REG. <u>Sept. 12, 1952</u>		REGISTRAR'S SIGNATURE <u>F. J. Hedmann</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. J. Willenbrink</u>			
				ADDRESS <u>Washington, Mo.</u>			

OCT 8 1957

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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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed \_\_\_\_\_

*W. Willenbrink*

Licensed Embalmer No. 4511

P. O. Address Washington Missouri

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.