

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27248**
3388

FILED AUG 16 1954

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY: **JACKSON**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: **MISSOURI** b. COUNTY: **JACKSON**

b. CITY (If outside corporate limits, write RURAL and give township)
KANSAS CITY

c. LENGTH OF STAY (In this place)
2 YEARS

c. CITY OR TOWN
90 TOWN KANSAS CITY

d. Is Residence within limits of a city or incorporated town?
Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION
7586 PROSPECT AVENUE

e. STREET ADDRESS (If rural, give location)
7586 PROSPECT AVENUE 3908

3. NAME OF DECEASED
a. (First) **NANCY** b. (Middle) **MAE** c. (Last) **FENWICK**

4. DATE OF DEATH (Month) (Day) (Year)
JULY-13-1954

5. SEX
FEMALE

6. COLOR OR RACE
WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
NEVER MARRIED

8. DATE OF BIRTH
FEB-20-1952

9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
2

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
CHILD

10b. KIND OF BUSINESS OR INDUSTRY
- - - - -

11. BIRTHPLACE (City and State or Foreign Country)
KANSAS CITY, KANSAS

12. CITIZEN OF WHAT COUNTRY?
U.S.A.

13a. FATHER'S NAME
HOWARD H. FENWICK

13b. MOTHER'S MAIDEN NAME
DOROTHY WILEY

14. NAME OF HUSBAND OR WIFE
- - -

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
NO

16. SOCIAL SECURITY NO.
NONE

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
HOWARD H. FENWICK 7586 PROSPECT KANSAS CITY MO.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Branchial Pneumonia**
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) **1**
DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH
49 1/2

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. **Intestinal Obstruction.**

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **7-13**, 19**54**, to **7-13**, 19**54**, that I last saw the deceased alive on **7-13**, 19**54**, and that death occurred at **3:55 P.M.**, from the cause and on the date stated above.

23a. SIGNATURE **F. Weinberg DO** (Degree or title)

23b. ADDRESS
720 1/2 Prospect

23c. DATE SIGNED
7/15/54

24a. BURIAL, CREMATION, REMOVAL (Specify)
BURIAL

24b. DATE
JULY 16, 1954

24c. NAME OF CEMETERY OR CREMATORY
FOREST HILL CEMETERY

24d. LOCATION (City, town, or county) (State)
KANSAS CITY MISSOURI

DATE REC'D BY LOCAL REG.
7-16-54

REGISTRAR'S SIGNATURE
Geraldine Smith

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
W.A. Newcomer's Sons 1331 BRUSH CREEK KANSAS CITY, MO.

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

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.....
Signature of Student Embalmer

Signed *Clare J. Carr, Jr.*.....

Licensed Embalmer No. *493*

P. O. Address *K.C. 10, N.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.