

1880 AUG 7 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

25702  
Do not use this space.

1. PLACE OF DEATH

(a) County Henry Registration District No. 349  
(b) Township St. John Primary Registration District No. 4207 Registered No. 1  
(c) City Calhoun (d) Street No. \_\_\_\_\_ St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred 50 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Loretta In Fenwick

(a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Cal Fenwick

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 31 1868

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
72 10 93

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House wife  
9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Winchester Ky

13. NAME H. C. Mullens

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Winchester Ky

15. MAIDEN NAME Margaret Lytle

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Paducah Ky

17. INFORMANT Mrs Monday (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Calhoun DATE July 16 39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) J. A. Housey  
Calhoun Mo

20. FILED 7-17-1939 Miss A. A. Wray Local Registrar  
Edith Simpson

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-14-1939

22. I HEREBY CERTIFY, That I attended deceased from Mar 18 1939 to 7/14 1939  
I last saw her alive on July 14 1939. Death is said to have occurred on the date stated above, at 7:32 m.  
The principal cause of death and related causes of importance were as follows:

Cause of the Lower Extremities  
Date of onset 2 1/2 yrs

Other contributory causes of importance: 46  
Domestic

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ✓ Date of injury ✓, 19\_\_\_\_  
Where did injury occur? ✓ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ✓  
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_  
(Signed) W. J. Galt M. D.

(Address) Calhoun Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 7,

District File Number

7-39-108

Date Filed

8-2-39

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, *myself*

or by

Registered Apprentice No. ...., working under my personal supervision.

Signed

*J. A. Housey*

Licensed Embalmer No.

3502

P. O. Address

*Calhoun Ind*

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, above space should be left blank.