

FILED MAR 25 1947

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1141

1. PLACE OF DEATH:
 (a) County Jackson
 (b) City or town Kaw
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
3644 Wynnadotte
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 5 1/2 months
(Specify whether years, months or days)
 In this community _____

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County _____ 42
 (c) City or town Montrose 0
(If outside city or town limits, write "RURAL") 0
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No) /
 If yes, name country _____

3. (a) PRINT FULL NAME Mr Oscar Fenimore
 3. (b) If veteran, name war No
 3. (c) Social Security No. No

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month March day 12
 year 1947 hour 8 minute 10 A. M.
 21. I hereby certify that I attended the deceased from Oct 5,
1946 to Mar 12, 1947
 that I last saw him alive on Mar 11, 1947
 and that death occurred on the date and hour stated above.

4. Sex Male
 5. Color or race Wh
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Lillian
 6. (c) Age of husband or wife if alive 57 years
 7. Birth date of deceased Aug 5 1875
(Month) (Day) (Year)

Immediate cause of death	Duration
<u>Hepatitis</u>	<u>7 mos.</u>
<u>Broncho pneumonia</u>	<u>3 days</u>
<u>Ch. Nephritis</u>	<u>3 mo.</u>
<u>Arteriosclerosis</u>	<u>unknown</u>

8. AGE: Years Months Days If less than one day
71 7 7 3 hr. 0 min.

9. Birthplace Montrose Mo
(City, town, or county) (State or foreign country)

10. Usual occupation U.S. Mail Carrier

11. Industry or business _____
 12. Name Henry W. Fenimore
 13. Birthplace Ohio
(City, town, or county) (State or foreign country)
 14. Maiden name Caroline Macke
 15. Birthplace Germany
(City, town, or county) (State or foreign country)

Other conditions _____
(Include pregnancy within 3 months of death)
 Major findings: 12/2
 Of operations _____
 Of autopsy _____
 PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs Ola O'Dell
 (b) Address 3644 Wynnadotte

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 15 1947
(Month) (Day) (Year)

(c) Place: burial or cremation Montrose Mo
 (e) Signature of funeral director Wornall Funeral Home

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? (/)
(Specify type of place)
 While at work _____ (e) Means of injury _____
 23. Signature John M. Powers (M. D. or other) M.D.
 Address 5304 Fenwood Date signed 9/13/47

(b) Address 7406 Wornall
 19. (a) 3-13-47 (Date received local registrar)
 (b) Geraldine Holmes (Registrar's signature)

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

MAY 27 1947

AUG 13 1958

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

Howard J. Rol

Licensed Embalmer No. *2748*

P. O. Address *K. C. Mo*

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.