

Fennell, Robert Emmett 1875 - 1946

THIS IS A PERMANENT RECORD. 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.

21256
 State File No.
 Registrar's No. 196

COMMONWEALTH OF KENTUCKY
 Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 500 Primary Registration District No. 5164

<p>1. PLACE OF DEATH:</p> <p>(a) County <u>FAYETTE</u></p> <p>(b) City or town <u>LEXINGTON RURAL</u> <small>(If outside city or town limits, write RURAL)</small></p> <p>(c) Name of hospital or institution <u>HARRODSBURG ROAD 3 1/2</u> <small>(If not in hospital or institution write street number or location)</small></p> <p>(d) Length of stay: In <u>community</u> <u>since 1909</u> <small>(years, months or days)</small></p>	<p>2. USUAL RESIDENCE OF DECEASED:</p> <p>(a) State <u>KENTUCKY</u> (b) County <u>FAYETTE</u></p> <p>(c) City or town <u>LEXINGTON - RURAL</u> <small>(If outside city or town limits, write RURAL)</small></p> <p>(d) Street No. <u>Picadome</u> <small>(If rural give precinct)</small></p> <p>(e) If foreign born, how long in U. S. A.? <u>yes</u></p>
<p>3(a) FULL NAME <u>ROBERT EMMET FENNEL</u></p> <p>3(b) If veteran, Name war _____ 3(c) Social Security No. _____</p>	
<p>4. Sex <u>Male</u> 5. Color or race <u>White</u> 6(a) Single, widowed, married, divorced <u>MARRIED</u></p> <p>6(b) Name of husband or wife <u>Mollie Mullen</u></p> <p>6(c) Age of husband or wife if alive <u>65</u> Years</p> <p>7. Birth date of deceased <u>October 31, 1875</u> <small>(Month) (Day) (Year)</small></p> <p>8. AGE: Years <u>70</u> Months <u>11</u> Days <u>20</u> <small>If less than one day hr. min.</small></p> <p>9. Birthplace <u>Cynthiana, Kentucky</u></p> <p>10. Usual occupation <u>Mfg. Turf Goods</u></p> <p>11. Industry or business _____</p>	
<p>FATHER { 12. Name <u>Joe Fennell</u></p> <p>13. Birthplace <u>Sandy Hook, N. J.</u></p> <p>MOTHER { 14. Maiden name <u>Mollie Hyles</u></p> <p>15. Birthplace <u>Mecklenburg, County, Va.</u></p>	
<p>16(a) Informant's own signature <u>Jess R. C. Fennell</u></p> <p>(b) Address <u>Lexington, Kentucky</u></p> <p>17. BURIAL, CEREMONY CEREMONY CEREMONY CEREMONY CEREMONY</p> <p>Place <u>Battle Grove Cem.</u> Date <u>10-15-46</u></p> <p>18(a) Signature of funeral director <u>Jess S. Whaley</u></p> <p>(b) Address <u>Cynthiana, Kentucky</u></p> <p>19(a) <u>10-15-1946</u> (Date received by local registrar) (b) <u>[Signature]</u> (Registrar's signature)</p>	
<p style="text-align: center;">MEDICAL CERTIFICATION</p> <p>20. DATE OF DEATH <u>October 11, 1946</u></p> <p>21. I hereby certify that I attended the deceased from <u>April 16, 1943</u> to <u>Oct 11, 1946</u> that I last saw him alive on <u>Oct 11, 1946</u> and that death occurred on the day stated above at <u>2:35 P. M.</u></p> <p>Immediate cause of death <u>Myocarditis</u> DURATION _____</p> <p>Due to <u>acute attack of indigestion</u></p> <p>Other conditions <u>(include pregnancy within 3 months of death)</u></p> <p>Major findings: Of operations _____ Of autopsy _____</p> <p>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? in or about home, on farm, in industrial place, in public place? _____ <small>(Specify type of place)</small></p> <p>While at work? _____ (a) Means of injury _____</p> <p>23. Signature <u>Dr. J. J. Cole D.C.</u> (M. D. or other) Address <u>373 N. Berry</u> Date signed <u>Oct 11, 1946</u> <u>Lexington, Ky.</u></p>	