

1939 JUN 8 1939

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

17549
Do not use this space.

1. PLACE OF DEATH

(a) County... Jackson Registration District No. 399
 (b) Township... Kaw Primary Registration District No. 1002
 (c) City... Kansas City (d) Street No. St. Mary's Hospital Registered No. 1951
 (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 16 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mrs. Lima Edith Fields

(a) Residence, No. 105 West 36th Street St.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Thomas Fields
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 24, 1898
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
40 7 15
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At home
 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) Missouri 0

FATHER 13. NAME A. Williams 0

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri 0

MOTHER 15. MAIDEN NAME Lillie Tucker

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Thomas Fields
 (ADDRESS) 105 W. 36th St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Vinita, Oklahoma DATE May 10

19. FUNERAL DIRECTOR (NAME) Freeman Mortuary
 (ADDRESS) 104 W. 42nd St., K.C., Mo.

20. FILED May 9, 1939 M. M. Brown
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 9, 1939

22. HEREBY CERTIFY, That I attended deceased from 5/2/39, 19... to 5/9/39, 19...
 I last saw him alive on 5/9/39, 19... Death is said

to have occurred on the date stated above, at... m.
 The principal cause of death and related causes of importance were as follows:

Intestinal obstruction
12 Tube
 Date of onset 5/2/39

Other contributor causes of importance:
Adhesions following operation in 1929

Name of operation... Resection 17" duod Date of... 5/2/39
 What test confirmed diagnosis? Was there an autopsy?

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?
 If so, specify
 (Signed) H. P. ... M. D.
 (Address) 1500 ...

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.

*D. H. P., Madras
No 1145
Prof. 12/2/45
2 - 4*

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.....

Licensed Embalmer No.....

P. O. Address.....

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.

*2-15-45
P. O. 1145
Madras 1145
Prof. 12/2/45*