

REGD SEP 12 1939

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

28605  
Do not use this space.

1. PLACE OF DEATH

(a) County BOCHAMAN Registration District No. 85  
(b) Township ST. JOSEPH Primary Registration District No. 1009 Registered No. 835  
(c) City ST. JOSEPH (d) Street No. ST. JOSEPH - HOSPITAL 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 yrs. 7 mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME ERNEST - MARTIN - FIELDS.

(a) Residence, No. 1215 CHURCH 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 MALE 4. COLOR OR RACE WHT 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SINGLE

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) DEC. 3 1905

7. AGE YEARS 33 MONTHS 8 DAYS 7 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. BAKER, EMP.  
9. Industry or business in which work was done, as saw mill, bank, etc. CHRIST-BAKERY  
10. Date deceased last worked at this occupation (month and year) SPRING - 1938 11. Total time (years) spent in this occupation. YRS.

12. BIRTHPLACE (CITY OR TOWN) HOLT - CO (STATE OR COUNTRY) MO.

FATHER 13. NAME W - H - FIELDS

14. BIRTHPLACE (CITY OR TOWN) UNK (STATE OR COUNTRY) NY

MOTHER 15. MAIDEN NAME LUCENDA - POLSGROVE

16. BIRTHPLACE (CITY OR TOWN) UNK (STATE OR COUNTRY) MO

17. INFORMANT (ADDRESS) Clarence Fields  
St Joseph Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE OREGAN - MO DATE AUG - 12 1939

19. FUNERAL DIRECTOR (NAME) Ray Stamey (ADDRESS) St Joseph Mo

20. FILED 8/11 - 1939 W. J. [Signature] Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) AUG - 80 1939

22. I HEREBY CERTIFY That I attended deceased from June 14 1939 to Aug 10 1939  
I last saw h.i.m. alive on Aug 10 1939. Death is said to have occurred on the date stated above, at 4:55 P.M.  
The principal cause of death and related causes of importance were as follows:

Mitral Stenosis 1937  
121

Other contributory causes of importance:  
Enlargement of Heart  
Neph. Chel  
Edema general Apr 1935

Name of operation None Date of None  
What test confirmed diagnosis? None 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) Frank [Signature] M. D.  
(Address) St Joseph 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.

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.....  
*John H. Hurley*....., Registered Apprentice No.....  
working under my personal supervision.

Signed *John H. Hurley*  
Licensed Embalmer No. *4050*

P. O. Address *3335 7<sup>th</sup> Joseph*

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.