

REC'D SEP 15 1939

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

30315

Do not use this space.

1. PLACE OF DEATH

(a) County Saline Registration District No. 796
(b) Township _____ Primary Registration District No. 3038
(c) City Marshall or _____ (d) Street No. _____
(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. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 1372. PRINT FULL NAME 430 Elizabeth Jane Richart Field

(a) Residence, No. 525 East Arrow 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) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 4th, 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 5 9

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House keeper
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) Kentucky

FATHER 13. NAME Richard Edgar Richart

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER 15. MAIDEN NAME Sarah Meter

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) Susie Brownfield
Marshall, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Ridge Park Cem. DATE Aug. 15, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Campbell-Lewis
Marshall, Mo.

20. FILED 8-14-39 Mary Kent Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 10 1939I HEREBY CERTIFY, That I attended deceased from Jul 1 1939 to Aug 13 1939

I last saw her alive on Aug 10 1939. Death is said to have occurred on the date stated above, at 3:00 p. m.
The principal cause of death and related causes of importance were as follows:

Chronic
Parenchymatous
Interstitial
Pneumonia
Date of onset 1938

Other contributory causes of importance: 121
Anterior
Glaucoma 1930

Name of operation _____ Date of _____
What test confirmed diagnosis? Chronic 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) M. J. Johnson, M. D.

(Address) Marshall, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

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RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 9/11/39

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, or by.....

James H. Dennis

Registered Apprentice No.....

working under my personal supervision.

Signed *James H. Dennis*

Licensed Embalmer No. *1171*

P. O. Address *Marshall*

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.