S. No. 2
—11-10-39
. 5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10597

Registration District No. 163 Primary Registration District No. 4095 Registrar's No. 19

1. PLACE OF DEATH:

(a) County Cedar

(b) City or town El Dorado Springs Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Myers Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cedar

(c) City or town El Dorado Springs
(If outside city or town limits, write "RURAL")

(d) Street No. 105 West ~~Hightower~~ Broadway
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME CHARLES A. Hirsch FIELD

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife LILLIAN HIRCH FIELD

6. (c) Age of husband or wife if alive years

7. Birth date of deceased May (Month) 2 (Day) 1873 (Year)

8. AGE: Years 66 Months 10 Days 1 If less than one day hr. min.

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

10. Usual occupation Vulcanizer & Tire Man

11. Industry or business Tire Business

FATHER
12. Name August Hirsch Field
13. Birthplace Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Rebecca Walters
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Taken from Insurance Policy
(b) Address By George W. Nafus

17. (a) 3/5/1940 (Burial, cremation, or removal) (b) Date thereof 3/5/40 (Month) (Day) (Year)
(c) Place: burial or cremation El Dorado Springs

18. (a) Signature of funeral director George W Nafus
(b) Address El Dorado Springs Mo

19. (a) Mar 6-40 (Date received local registrar) (b) J W Dawson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day Fourth year 1940 hour 11 minute 30 AM.

21. I hereby certify that I attended the deceased from Feb. 28, 1940, to Mar 3, 1940; that I last saw him alive on Mar 3, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Amebic Dysentery	
Due to	
Due to 136	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

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? 154 (Specify type of place)
While at work? (e) Means of injury 3

23. Signature C H Kinderwirth (M. D. or other) DO
Address El Dorado Spgs. Date signed 3-6-40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
District File Number 4-40-516
Date Filed 4-8-40

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 George W. Mofus

Licensed Embalmer No. 2752

P. O. Address El Dorado Springs

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.