

FILED APR 2 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

11102

State File No.

Registration District No. 347

Primary Registration District No. 5501A

Registrar's No.

1. PLACE OF DEATH:

- (a) County Henry
 (b) City or town: "Rural"
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: _____
 (If not in hospital or institution, write street number or location) 2

(d) Length of stay: In hospital or institution _____ (Specify whether

In this community. 3 mo. 15 da
 years, months or days 1303. (a) PRINT FULL NAME GEORGE A. FIELD3. (b) If veteran, _____ 3. (c) Social Security
 name war _____ No. not found4. Sex male 5. Color or race white 6. (a) Single, widowed, married,
 divorced widowed6. (b) Name of husband or wife Sarah Warham Field 6. (c) Age of husband or wife if
 alive _____ years7. Birth date of deceased April 30 1851
 (Month) (Day) (Year)8. AGE: Years 88 Months 10 Days 29 If less than one day
 hr. _____ min. _____9. Birthplace Washington Ill.
 (City, town, or county) (State or foreign country)10. Usual occupation Fireman11. Industry or business Tile factory12. Name Anthony Field13. Birthplace Ill.
 (City, town, or county) (State or foreign country)14. Maiden name unknown15. Birthplace unknown
 (City, town, or county) (State or foreign country)16. (a) Informant's own signature Alma Field Kiener(b) Address Brownington Mo. R. 217. (a) Burial (b) Date thereof 3-31-1940
 (Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Mc Gee Chapel cemetery - near Newbridge18. (a) Signature of funeral director Ed Wilson(b) Address Clinton Mo.19. (a) 3-30-40 (b) Dr. R. R. R. R. R.
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Henry
 (c) City or town Brownington - "Rural"
 (If outside city or town limits, write "RURAL")
 (d) Street No. 0 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month march day 29
 year 1940 hour 4:00 minute _____ A. M.21. I hereby certify that I attended the deceased from accidentally
for past year or so to or so, 19____; that I last saw him alive on about two months
 and that death occurred on the date and hour stated above.Immediate cause of death Dont know Duration
He had Ex terna ColicMitralis in suppurative
Due to Cerebral Endocarditis

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: Of operations noneOf autopsy none

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?

While at work? _____ (Specify type of place)

23. Signature Ed C. Nelson (M. D. or nurse)Address Clinton Mo Date signed 3/30/40

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.....

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.