

No. 2
1-13-40
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MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **41320**

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

Registration District **1941 399**

Primary Registration District No. **1002**

Registrar's No. **4213**

1. PLACE OF DEATH **Jackson**

(a) County **Kansas City**

(b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
K.C. General Hospital No. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **1 day**
(Specify whether)

In this community **10 yr.**
years, months or days

3. (a) PRINT FULL NAME **HERBERT F. FIELDS**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **No**

4. Sex **M**

5. Color or race **W**

6. (a) Single, widowed, married, divorced **M**

6. (b) Name of husband or wife **Vergie C. Fields**

6. (c) Age of husband or wife if alive **55 56** years

7. Birth date of deceased (Month) **6** (Day) **3** (Year) **1876**

8. AGE:	Years	Months	Days	If less than one day
	64	6	7	hr. min.

9. Birthplace **Mexico** **Mo. 0**
(City, town, or county) (State or foreign country)

10. Usual occupation **Blacksmith**

11. Industry or business **For self**

12. Name **Gas. Thomas Fields**

13. Birthplace **Fleming Co. Ky.**
(City, town, or county) (State or foreign country)

14. Maiden name **Sally Lewis Fischer**

15. Birthplace **Martinsburg Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Vergie C. Fields**

(b) Address **66 27-6-13 K.C.**

17. (a) **Burial** (b) Date thereof **12-12-40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Floral Hills**

18. (a) Signature of funeral director **J. P. Steel**

(b) Address **19. E. 27th St.**

19. (a) **12-11-40** (b) **M. M. Browne**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**

(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")

(d) Street No. **6624 East 13th St.**
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **10th**
year **1940** hour **9** minute **20 A.M.** M.

21. I hereby certify that I attended the deceased from **12-9-40**, 19____, to **12-10-40**, 19____; that I last saw him alive on **12-10-40**, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary occlusion with myocardial infarction.**

Due to **9413**

Due to _____

Other conditions **See above**
(Include pregnancy within 3 months of death)

Major findings: **See above**

Of operations _____

Of autopsy _____

Duration _____

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? _____

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

23. Signature **Dwight R. Johnson** (M. D. or other) _____
Address **Med. Dir. K.C. Gen. Hospital** Date signed _____

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

J. P. Smith

Licensed Embalmer No. *3625*

P. O. Address *K. E. M.*

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, fact should be so stated above.