

FILED FEB 14 1941

Registration District No. 109

Primary Registration District No. 5189

Registrar's No. 996

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

1. PLACE OF DEATH:

(a) County Callaway

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

(c) Name of hospital or institution: 16 Mi. South East of Fulton, Mo.
(If not in hospital or institution, write street number or location)

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

In this community 2 Months
years, months or days

3. (a) PRINT FULL NAME Icedora Porter Field

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex Female | 5. Color or race white

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

6. (b) Name of husband or wife Joseph E Porter Field

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

7. Birth date of deceased: Sept 19 1851
(Month) (Day) (Year)

8. AGE: Years 89 Months 4 Days 2 If less than one day _____ hr. _____ min.

9. Birthplace Bureau Co. Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name HENRY J. Miller

13. Birthplace IND.
(City, town, or county) (State or foreign country)

14. Maiden name MARY ANN WILLIAMS

15. Birthplace Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant Mr Charles Brown

(b) Address Fulton Mo.

17. (a) REMOVAL (b) Date thereof JAN. 22 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dover, Ill.

18. (a) Signature of funeral director Leo G. Wallace | AR

(b) Address Fulton Mo. | UU

19. (a) Jan 22 - 41 (b) C. M. Rusk
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State IOWA (b) County DES MOINE

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

(d) Street No. 125 Polk St.
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 21 year 1941 hour 7 minute A.M.

21. I hereby certify that I attended the deceased from Jan 1 1941 to Jan 21 1941 that I last saw him alive on Jan 20 1941 and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Arteriosclerosis

Due to _____

Due to 107

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: 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 C. M. Rusk (M. D. or other) D

Address Fulton Mo. Date signed 1-21-41

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 *James O. Muld*
Licensed Embalmer No. *4152*
P. O. Address *Fulton Mo.*

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.