

FILED FEB 11 1942  
399

Registration District No.

Primary Registration District No.

1002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 614 Campbell /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 year (Specify whether years, months or days)

3. (a) PRINT FULL NAME Josephine Fields

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Fe 3 5. Color or race Col 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife George Fields 6. (c) Age of husband or wife if alive 1 years

7. Birth date of deceased January 1 1876  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>66</u>		<u>13</u>	hr. min.

9. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

MOTHER FATHER  
12. Name John Wilson  
13. Birthplace Virginia  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Poston  
15. Birthplace Ky.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Fessler  
(b) Address 614 Campbell

17. (a) burial (b) Date thereof 1/19/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director Starkins Bros.

(b) Address 1729 Lydia

19. (a) 1/19/42 (b) M. M. Crow  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48  
(c) City or town Kansas City 9  
(If outside city or town limits, write "RURAL")  
(d) Street No. 614 Campbell 8  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 14th  
year 1942 hour 12 minute 30 A.M.

21. I hereby certify that I attended the deceased from 1 1942 to 1-14-1942  
that I last saw her alive on 1-14-1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Beriberi of acute type following mitral insufficiency  
Due to hypertension and atherosclerosis of a cerebral blood vessel  
Due to 92 B

Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:

Of operations

Of autopsy

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 D. D. Gray M. D. or other  
Address 824 Ind. av. Date signed

*Bradbury*

**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.....  
.....  
working under my personal supervision.

Registered Apprentice No. ....

Signed.....

Licensed Embalmer No. *3994*

P. O. Address. *2503 Highland*

**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.**