

S. No. 2
M-9-4-41
v. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

23369

State File No.

Registrar's No. 2705

FILED JUL 27 1942

Registration District No. 399

Primary Registration District No. 1002

48
33
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: *Jackson*
 (a) County *Jackson*
 (b) City or town *Tan City*
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: *707-E-114*
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution. *10 years.* (Specify whether years, months or days)

3. (a) PRINT FULL NAME *Albert R. Fields*
 3. (b) If veteran, *No* name war.
 3. (c) Social Security No. *487-03-5753*

4. Sex *Male* 5. Color or race *Wh.*
 6. (a) Single, widowed, married, divorced *Married*
 6. (b) Name of husband or wife *Emma Fields*
 6. (c) Age of husband or wife if alive *51* years
 7. Birth date of deceased *April 7 1887*
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<i>55</i>	<i>3</i>	<i>7</i>	hr. min.

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

10. Usual occupation *Truck driver*

MOTHER FATHER
 11. Industry or business
 12. Name
 13. Birthplace *Mo.* *9*
 (City, town, or county) (State or foreign country)
 14. Maiden name *No Record*
 15. Birthplace *Mo.* *9*
 (City, town, or county) (State or foreign country)

16. (a) Informant *Coroner's Office*
 (b) Address *Tan City*

17. (a) *Burial* (b) Date thereof *7-16-42*
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation *Maple Hill*

18. (a) Signature of funeral director *Belmont Van Horn*
 (b) Address *Tan City Mo*

19. (a) *7-16-42* (b) *M. M. Crowe*
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State *Mo* (b) County *Jackson*
 (c) City or town *Tan City*
 (If outside city or town limits, write "RURAL")
 (d) Street No. *1424 Helms St*
 (If rural, give location)
 (e) Citizen of foreign country? (Yes or No) *No*
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *7* day *14*
42 hour *6:30* minute *AM*
 21. I hereby certify that *Anna* attended the deceased from *19*;
 that I last saw *Anna* alive on *19*;
 and that death occurred on the date and hour stated above.

Immediate cause of death *Acute Purpura of Stomach*
Acute pulmonary edema
 Due to *ASCA*
 Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings: Of operations
 Of autopsy *See form*
 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, town, or 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 *W. J. Smith* (M.D. or other)
 Address *Tan City* Date signed *7/16/42*

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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..... *Harry Bergman*
Licensed Embalmer No..... *2041*
P. O. Address..... *Kan City 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.