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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 10, 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

6877

State File No.

Registration District No. 185 Primary Registration District No. 5691 Registrar's No. 4

1. PLACE OF DEATH:

(a) County Linn, Jefferson Twp.

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

(c) Name of hospital or institution: 1 (If not in hospital or institution, write street number or location)

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

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 58

(a) State Mo. (b) County Linn 0

(c) City or town Linneus, Rural 0 (If outside city or town limits, write "RURAL")

(d) Street No. Jefferson Twp. (If rural, give location)

(e) Citizen of foreign country? Mo. (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Clayton Vaughn Fields.

3. (b) If veteran, name war —

3. (c) Social Security No. none

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife —

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

7. Birth date of deceased January 6, 1926 (Month) (Day) (Year)

8. AGE: Years 17 Months 1 Days 11 If less than one day hr. min.

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

10. Usual occupation at home

11. Industry or business

FATHER
12. Name William C. Fields.
13. Birthplace Browning, Mo. 0 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Lora Ellen Brown
15. Birthplace Browning, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Wm. C. Fields

(b) Address Linneus, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 19, 1943 (Month) (Day) (Year)

(c) Place: burial or ~~cremation~~ Knifong Grove Cem

18. (a) Signature of funeral director Dihoene's

(b) Address Milan, Mo. Frank D.

19. (a) Feb. 19-1943 (Date received local registrar) (b) Mis. Viera Rowland (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Febr. day 17 year 1943 hour 10 minute 20 p. M.

21. I hereby certify that I attended the deceased from Jan 4, 1943, to Feb 17, 1943 that I last saw him alive on Feb. 17, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute Cardiac dilitation	2/17/43
Due to Myocarditis	1/4/43
Due to Mumps with Orchitis	12/17/42
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 44c
Of autopsy

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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature Wm F. LaMance (M. D. or other) D.O.

Address Laclede, Mo. Date signed 2/19/43

454 (Licensed Embalmer's Statement on Reverse Side)

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 Frank D. Schoen

Licensed Embalmer No. 2016

P. O. Address Milan, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.