

DEAD AUG 7 1943 184

Registration District No. \_\_\_\_\_

Primary Registration District No. 3038

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

1. PLACE OF DEATH:

(a) County LINN

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

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

(d) Length of stay: In hospital or institution 3 days  
(Specify whether years, months or days)

In this community \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County LINN

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

(d) Street No. 738 E. ROBARD ST.  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME WILLIAM ROSS FIELDS

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased JULY 24, 1943  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>0</u>	<u>0</u>	<u>3</u>	_____ hr. _____ min.

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

10. Usual occupation INFANT

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name ARTHUR D. FIELDS

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

14. Maiden name HELEN CASSITY

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

16. (a) Informant Mrs. Roscoe Cassity

(b) Address BROOKFIELD, MO

17. (a) BURIAL (b) Date thereof JULY 28, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ROSE HILL CEMETERY

18. (a) Signature of funeral director Rusk Funeral Home

(b) Address BROOKFIELD, MO

19. (a) 7-28-43 (b) W. H. Caman  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 27  
year 1943 hour 3:30 minute PM

21. I hereby certify that I attended the deceased from 7-24 1943 to 7-27 1943  
that I last saw him alive on 7-27 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Patent foramen ovale  
Duration 3 days

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions None  
(Include pregnancy within 3 months of death)

Major findings: None  
Of operations \_\_\_\_\_

Of autopsy None

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 W. H. Caman (M. D. or other) MD

Address Brookfield, Mo Date signed 7-27

**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

*H. B. Wright*

Licensed Embalmer No.

*3718*

P. O. Address

*Brookfield, 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.**