

FILED JAN 14 1944
3 3 2
Registration District No.

Primary Registration District No. **4489**

Registrar's No.

1. PLACE OF DEATH:

(a) County **Scott**

(b) City or town **Vanduser**
(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 years, months or days)

In this community.....

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Scott**

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

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

(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **Florence C. Fields**

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced. **Married**

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

7. Birth date of deceased **Dec 31 1865**
(Month) (Day) (Year)

8. AGE: Years **78** Months **1** Days **10** If less than one day hr..... min.

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

10. Usual occupation **Housewife**

11. Industry or business.....

12. Name **Mrs Tulle**

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

14. Maiden name **unknown**

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

16. (a) Informant **Husband**

(b) Address **Vanduser Mo**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Nov 25 1943** (Month) (Day) (Year)

(c) Place: burial or cremation **Marley Cemetery**

18. (a) Signature of funeral director **Erville Taylor**

(b) Address **Vibeston Mo**

19. (a) **Jan 12 44** (Date received local registrar) (b) **Mrs. W. Foster** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **21** year **1943** hour..... minute..... M.

21. I hereby certify that I attended the deceased from **Nov 10 1943** to **Dec 11 1943** and that death occurred on the date and hour stated above.

that I last saw her alive on **Nov 11 1943**

Immediate cause of death **infarction**

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death) **33a**

Major findings: Of operations.....

Of autopsy **none**

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 **M. D. Mayfield** (M. D. or other) Address **Vanduser Mo** Date signed **12 17 43**

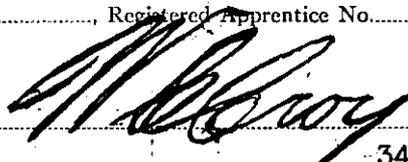
Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

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.....



Licensed Embalmer No.....

3474

P. O. Address Poplar Bluff, Missouri

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.