

FILED NOV 10 1944
Registration District No. 324

Primary Registration District No. 6093

Registrar's No. 181

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

1. PLACE OF DEATH:

(a) County Saline

(b) City or town Rural-Marshall Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Saline County Home 5
(If not in hospital or institution, write street number or location)

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

In this community All His Life

3. (a) PRINT FULL NAME Henry Walker Field

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex Male 0

5. Color of race White

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

6. (b) Name of husband or wife X

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

7. Birth date of deceased November-14-1878
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>65</u>	<u>11</u>	<u>9</u>	hr. min.

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

10. Usual occupation Retired Farmer

11. Industry or business

MOTHER FATHER

12. Name Joseph Field

13. Birthplace Near Slater, Saline Co, Mo 0
(City, town, or county) (State or foreign country)

14. Maiden name Bella Mills 0

15. Birthplace Near Arrow Rock, Saline Co. 0
(City, town, or county) (State or foreign country)

16. (a) Informant W C Silvester

(b) Address 429 W 5th St Kansas City Mo

17. (a) Removal (b) Date thereof Oct-25-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wmwood Cemetery, Kansas City, Mo

18. (a) Signature of funeral director Joseph H. Sager

(b) Address Slater Mo

19. (a) Oct 25-44 (b) Thos T. Overburn
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Saline 91

(c) City or town Rural Marshall Township 2
(If outside city or town limits, write "RURAL")

(d) Street No. 3 Miles north Marshall, Mo
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No) 11
If yes, name country X 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 23rd
year 1944 hour 1 minute P M.

21. I hereby certify that I attended the deceased from Oct 22 1944 to Oct 23 1944
that I last saw him alive on Oct 20 1944
and that death occurred on the date and hour stated above.

Immediate cause of death
Chronic myocarditis
+ disseminated
hypertension

Due to

Other conditions 930
(Include pregnancy within 3 months of death)

Duration ?

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

Major findings:
Of operations

Of autopsy

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 Joseph H. Sager (M. D. or other)
Address Slater Mo Date signed 10/24/44

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 11-9-44

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 *James E. Jones*
Licensed Embalmer No. *3143*
P. O. Address *Water*

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.