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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13158
Registrar's No. 29

FILED APR 17 1945
Registration District No. 73

Primary Registration District No. 3014

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

1. PLACE OF DEATH:
(a) County 6 Jay Liberty
(b) City or town Liberty
(c) Name of hospital or institution: At his home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 90 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME STANTON FIELD
3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mollie Burnett Field 6. (c) Age of husband or wife if alive 85 years
7. Birth date of deceased April 4 - 1849
(Month) (Day) (Year)

8. AGE: Years 95 Months 10 Days 29 If less than one day hr. min.

9. Birthplace State of Kentucky (City, town, or county) (State or foreign country)

10. Usual occupation Farmer, Shellman & Contractor

MOTHER FATHER
11. Industry or business
12. Name Thomas Field
13. Birthplace Ky
14. Maiden name Sophia Fisher
15. Birthplace Ky

16. (a) Informant Mrs. Mollie B. Field
(b) Address 526 - N. Franklin St. Liberty
17. (a) Burial (b) Date thereof May 5 - 1945
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Fairview Liberty Mo.
18. (a) Signature of funeral director 6 Church - Archer Co. Liberty Mo
(b) Address Liberty Mo
19. (a) May 5 - 1945 (b) Delbert Early
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 6 Jay 24
(c) City or town Liberty
(If outside city or town limits, write "RURAL")
(d) Street No. 526 - N. Franklin St
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country ✓

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 3 year 1945 hour 8 minute 20 - P M.

21. I hereby certify that I attended the deceased from July 1, 1938 to March 3, 1945 that I last saw him alive on March 3, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Several Atherosclerotic Arteries
Duration 28 Days

Due to Age

Due to _____
Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: 97
Of operations _____
Of autopsy _____
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 Robert Malby (M. D. or other) M.D.
Address Liberty Mo. Date signed 3-5-45

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

4/13/44

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

Edgar Archer

Licensed Embalmer No.

3311

P. O. Address

Lebanon, 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.