

S. No. 2  
FORM-2-43  
Rev. 5-17-39  
I X35697

15852

2078

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registrar's No. \_\_\_\_\_

FILED MAY 26 1945  
Registration District No. 149

Primary Registration District No. 1002

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

1. PLACE OF DEATH:  
(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Northeast Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution One Day  
(Specify whether  
In this community Two Years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jackson  
(c) City or town Rural Blue Township  
(If outside city or town limits, write "RURAL")  
(d) Street No. 9020 Wilson Rd. Kansas City, (Mail)  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mary Elizabeth Field  
(b) If veteran, name war No  
(c) Social Security No. None

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Widow  
(b) Name of husband or wife William M. Field  
(c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased August 16 1871  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
73 8 25 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Izard County Arkansas  
(City, town, or county) (State or foreign country)

10. Usual occupation Home

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

MOTHER FATHER  
12. Name James K. Battles  
13. Birthplace Unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Catherine Foster  
15. Birthplace Izard County Arkansas  
(City, town, or county) (State or foreign country)  
16. (a) Informant Herbert Field  
(b) Address 1307 Sterling Independence, Mo.

17. (a) Removal (b) Date thereof May 12, 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Salem, Arkansas

18. (a) Signature of funeral director Geo. M. Collier  
(b) Address 1103 Winner Rd Independence, Mo.

19. (a) 5-12-45 (b) Geraldine Holme  
(Date signed local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 5 day 11  
year 45 hour 9 minute A. M.  
21. I hereby certify that I attended the deceased 5-11-45  
10 45 to 5-11-45  
that I last saw her alive on 5-11 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Degeneration  
Due to Chronic Glomerulonephritis & Hypertension 1 1/2 yrs.  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 93d  
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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify nature of place) Means of injury \_\_\_\_\_  
23. Signature W. M. Thompson (M. D. or other) D.O.  
Address 5800 E. 27, Independence Date signed 5-11-45

**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 George M. Callier

Licensed Embalmer No. 3839

P. O. Address Independence, 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.**