

V. S. No. 2  
100M-5-43  
Rev. 5-17-39  
I X36671

State File No. \_\_\_\_\_  
Registrar's No. \_\_\_\_\_

FILED MAY 26 1945  
Registration District No. 149

Primary Registration District No. 1002

48  
23  
8  
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:  
3220 BROOKLYN AVENUE!  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community 25 years (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State MISSOURI (b) County JACKSON  
(c) City or town KANSAS CITY MO  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3220 BROOKLYN 3  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MRS MARY WELLS FIELD  
3. (b) If veteran, name war NO  
3. (c) Social Security No. NONE

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month MAY day 6  
year 1945 hour \_\_\_\_\_ minute 20 A.M.  
21. I hereby certify that I attended the deceased from March 8, 1945, to May 5, 1945,  
that I last saw her alive on May 5, 1945,  
and that death occurred on the date and hour stated above.

4. Sex FEMALE  
5. Color or race WHITE  
6. (a) Single, widowed, married, divorced, WIDOWED  
6. (b) Name of husband or wife MR. MARSH FIELD  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased FEBRUARY-19-1867  
(Month) (Day) (Year)

Immediate cause of death: Chronic myocarditis  
Due to Cerebral hemorrhage  
Due to \_\_\_\_\_  
Other conditions: (Include pregnancy within 3 months of death) A3D  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

8. AGE: Years 78 Months 2 Days 17 If less than one day hr. \_\_\_\_\_ min.

9. Birthplace WAVERLEY MISSOURI  
(City, town, or county) (State or foreign country)

10. Usual occupation NONE

11. Industry or business AT HOME

MOTHER FATHER  
12. Name JOHN S. WEBB  
13. Birthplace FRANKFORT KY 1  
(City, town, or county) (State or foreign country)  
14. Maiden name LUCY JANE WEBB  
15. Birthplace UNKNOWN KY 1  
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. LUCY WEBB DRUMMOND  
(b) Address 3220 BROOKLYN AVENUE

17. (a) BURIAL (b) Date thereof MAY 8, 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation WAVERLEY, MISSOURI

18. (a) Signature of funeral director W. H. Newcomer, Sr.  
(b) Address 1401 Brush Creek Blvd.

19. (a) 5-8-45 (b) Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

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) \_\_\_\_\_  
(c) Means of injury \_\_\_\_\_

23. Signature Charles Glass (M.D. for other) PD-  
Address Post West 17th Date signed 5/2/45

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

W. C. ...  
808 West 17th Street

**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 Oscar Toth  
Licensed Embalmer No. 1767  
P. O. Address Kansas City

**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.