V. S. No. 2
100M—5-43
Rev. 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. 19487

FILED JUN 25 1945

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2392

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town K.C. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1525 Tracy 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 28 Years.

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County Jackson
(c) City or town K.C. (If outside city or town limits, write "RURAL") 48
(d) Street No. 1525 Tracy 3 (If rural, give location) 8
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ESTELLA. FIELDS.
3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex Female 3
5. Color or race NEGRO
6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband or wife unknown
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased 9 (Month) 25-1874 (Day) (Year)

8. AGE: Years 71 Months 3 Days 85 If less than one day ..... hr. ..... min.

9. Birthplace Saint Louis (City, town, or county) MO (State or foreign country)
10. Usual occupation House Maid
11. Industry or business
FATHER
12. Name Daniel Cooper
13. Birthplace Dont Know 9 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Emanuel Marhead
15. Birthplace Dont Know 9 (City, town, or county) (State or foreign country)
16. (a) Informant Francis Marhead
(b) Address 1315 E 14 St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-4-45 (Month) (Day) (Year)
(c) Place: burial or cremation Highland Cem.
18. (a) Signature of funeral director Brady-Brown
(b) Address 1708 Tracy
19. (a) 6-4-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30 year 1945 hour 4:00 minute P. M.
21. I hereby certify that I attended the deceased from ....., 19.., to ....., 19..., that I last saw her alive on ....., 19..., and that death occurred on the date and hour stated above.
Immediate cause of death Chr. Fibrous Myocarditis
Due to Acute Pulmonary Edema
Other conditions (Include pregnancy within 3 months of death) 938
Major findings: Of operations
Of autopsy Yes

Duration

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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature L. P. Richardson (M. D. or other)
Address 1832 Vine Date signed 6-2-45

(Licensed Embalmer's Statement on Reverse Side)

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 ..... C. H. Countee

Licensed Embalmer No. 1271

P. O. Address Kansas City 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.