

FILED AUG 10 1945

Registration District No. 270

Primary Registration District No. 3050

Registrar's No. 60

1. PLACE OF DEATH:

(a) County Pemiscot
(b) City or town Caruthersville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether

In this community Life
years, months or days)

3. (a) PRINT FULL NAME Louis A. Fields

3. (b) If veteran, name war. World War #1 3: (c) Social Security No. ✓

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Emma Fields 6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased Mar. 16 1894
(Month) (Day) (Year)

8. AGE: Years 51 Months 3 Days 2 1/2 If less than one day _____ hr. _____ min.

9. Birthplace Cairo, Ill
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Louis A. Fields

13. Birthplace unknown
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Emma Fields

(b) Address Caruthersville, Mo.

17. (a) Burial (b) Date thereof 7-9-1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lutheran Church

18. (a) Signature of funeral director J. J. Speer, M.D.

(b) Address Caruthersville, Mo.

19. (a) 7-11-1945 (b) Jesse N. Markey
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot
(c) City or town Caruthersville
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) 2

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7 year 1945 hour 7 minute 45 A.M.

21. I hereby certify that I attended the deceased from July 6, 1945 to July 7, 1945

that I last saw him alive on July 7, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death _____

Angina pectoris.

Due to _____

Due to _____

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

Major findings: Of operations None

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

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 J. W. Shepp (M. D. or other) _____
Address Caruthersville, Mo. Date signed 7/11/45

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

1206

7-45-165

AUG 30 1945

AUG 29 1945

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 Noel C. Dean
Licensed Embalmer No. 3941
P. O. Address Caruthersville

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.