

No. 2
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
FILED MAY 27 1946 STANDARD CERTIFICATE OF DEATH

16635

State File No. _____
Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2237

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: 2918 Benton
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 30 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 2918 Benton 8
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME William J. Fields
3. (b) If veteran, name war No
3. (c) Social Security No. 486-05-5871

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 16
year 1946 hour 4 minute 30P. M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lena Fields
6. (c) Age of husband or wife if alive 44 years
7. Birth date of deceased Nov. 27 1895
(Month) (Day) (Year)

that I last saw h_____ alive on _____, 19____, and that death occurred on the date and hour stated above.
Immediate cause of death Reptily Coronary Cerebral Hemorrhage Duration _____
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

8. AGE: Years 50 Months 5 Days 19
If less than one day _____ hr. _____ min.

Major findings: 830
Of operations _____
Of autopsy History & Inspection
Underline the cause to which death should be charged statistically.

9. Birthplace Virginia (State or foreign country)
10. Usual occupation Inspector
11. Industry or business Pratt Whitney

MOTHER, FATHER {
12. Name Unknown 9
13. Birthplace Unknown (City, town, or county) (State or foreign country) 9
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9

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? _____

16. (a) Informant Lena Fields
(b) Address 2918 Benton
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 20, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park

While at work? _____ (Specify type of place) (c) Means of injury _____
23. Signature W. J. Fields (M. E. or other) 5/16/46
Address 2825 Independence Date signed _____

18. (a) Signature of funeral director C.H. Blackman & Son, Inc.
(b) Address 2825 Independence Blvd.
19. (a) 5-18-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

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

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 W B Edlecome

Licensed Embalmer No. 2174

P. O. Address. K C 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.