

No. 2  
-8-43  
5-17-39  
X37823

State File No. \_\_\_\_\_  
Registrar's No. 734

Registration District No. 128

Primary Registration District No. 5466

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

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Rural, S. Campbell Township  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Route # 9 Box 588  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 63 Years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 3/1

(c) City or town Rural, S. Campbell Township  
(If outside city or town limits, write "RURAL")

(d) Street No. Route # 9 Box # 588  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Marshall Franklin Fields

3. (b) If veteran, name war No

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 6  
year 1946 hour 3 minute 45 p.m.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Minnie Fields

6. (c) Age of husband or wife if alive UNK years

7. Birth date of deceased Dec. 17, 1877  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept. 6, 1946 to Sept. 6, 1946  
that I last saw him alive on Sept. 6, 1946  
and that death occurred on the date and hour stated above.

8. AGE: Years 68 Months 8 Days 19  
If less than one day .hr. \_\_\_\_\_ min. \_\_\_\_\_

Immediate cause of death:  
Knife stab wound in abdomen - loss of blood.  
Due to Self inflicted.

9. Birthplace Springfield Missouri  
(City, town, or county) (State or foreign country)

Other conditions Coronary arterial body,  
(Include pregnancy within 3 months of death)  
Do not know whether or not

10. Usual occupation Farmer

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

MOTHER FATHER { 12. Name Obian Fields

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

14. Maiden name Sarah Hocutt

15. Birthplace Stone County Missouri  
(City, town, or county) (State or foreign country)

Major findings:  
Of operation autopsy was done.

Of autopsy 164D

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Minnie Fields

(b) Address Route # 9 Springfield, Mo.

17. (a) Burial (b) Date thereof 9/8/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

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

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

(b) Date of occurrence 9-6-46

(c) Where did injury occur Springfield, Mo.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
At home

(c) Place: burial or cremation Danforth

18. (a) Signature of funeral director H. H. Lohmeyer

(b) Address Springfield, Mo.

19. (a) 9-9-46 (b) W. J. Hensley M.D.  
(Date received local registrar) (Registrar's signature)

While at work? No (Specify type of place)

(e) Means of injury knife

23. Signature John A. Otal (M. D. or other)

Address Springfield, Mo. Date signed 9-9-46

---

---

**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.....

*Walter E. Hamellen*

Licensed Embalmer No.....

*3808*

P. O. Address.....

*Springfield, 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.**

*Y*