

FILED NOV 25 1946

Registration District No. \_\_\_\_\_

Primary Registration District No. 3000

Registrar's No. 409

1. PLACE OF DEATH:  
 (a) County Adair  
 (b) City or town Kirksville  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
1004 N. Olive  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution None  
 In this community 5 months  
 years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Adair  
 (c) City or town Kirksville  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 1004 N. Olive  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country: \_\_\_\_\_

3. (a) PRINT FULL NAME Joseph Sherman Fields  
 (b) If veteran, name war \_\_\_\_\_ (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
 (b) Name of husband or wife Florence Cordle 6. (c) Age of husband or wife if alive 27 years  
 7. Birth date of deceased March 27 1862  
 (Month) (Day) (Year)

8. AGE: Years 84 Months 7 Days 12 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Galesburg Illinois  
 (City, town, or county) (State or foreign country)

10. Usual occupation Retired farmer

11. Industry or business Farming

MOTHER FATHER { 12. Name Joseph Fields  
 13. Birthplace Virginia  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Phoebe Moneymaker  
 15. Birthplace Virginia  
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Nora Ammerman

(b) Address Kirksville, Missouri

17. (a) Burial (b) Date thereof 11/11/46  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bridge Creek Cmt.

18. (a) Signature of funeral director D. R. Riley

(b) Address Kirksville, Missouri

19. (a) 11-14-46 (b) Kate Lambert  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Nov. day 9  
 year 1946 hour 6:15 minute A: M.

21. I hereby certify that I attended the deceased from November 6 to November 9, 1946  
 that I last saw him alive on November 6, 1946  
 and that death occurred on the date and hour stated above.

Immediate cause of death:  
Coronary Thrombosis 1 week  
Myocarditis 2 years

Other conditions (Include pregnancy within 3 months of death)

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 930

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?

While at work? \_\_\_\_\_ (Specify type of place) (a) Means of injury \_\_\_\_\_  
 23. Signature Howard E. Ross (M. D. or other) \_\_\_\_\_  
 Address Kirksville, Mo. Date signed 11-13-46

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

RECEIVED  
District Health Officer No. 10  
District Health Officer No. 10  
NOV 22 1946  
10-26-2007

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..... *D. E. Riley* .....

Licensed Embalmer No. *4181* .....

P. O. Address..... *Westville 40* .....

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.