

FILED SEP 15 1947

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 786

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
542 West Brower
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 74 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39
(c) City or town Springfield 6
(If outside city or town limits, write "RURAL")
(d) Street No. 542 West Brower 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME SARAH E. FIELDS

3. (b) If veteran, name war Not
3. (c) Social Security No. Unknown

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife John W. Fields
6. (c) Age of husband or wife if alive 22 years
7. Birth date of deceased June 22 1873
(Month) (Day) (Year)

8. AGE: Years 74 Months 2 Days 15
If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business Home Making

MOTHER FATHER {
12. Name Judge Larkins Tennessee
13. Birthplace Unknown Tennessee
(City, town, or county) (State or foreign country)
14. Maiden name Sally
15. Birthplace Taney County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant John W. Fields
(b) Address 542 West Brower

17. (a) Burial (b) Date thereof Sept 9, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Maple Park

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home
(b) Address 630 East St. Louis Street

19. (a) 9-9-47 (b) W E Handley wid
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 6
year 1947 hour 10 minute 35 P. M.

21. I hereby certify that I attended the deceased from 5-24 1947 to 9-6 1947
that I last saw her alive on 7-28 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis Duration Indefinite

Due to _____

Due to _____

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

Major findings:
Of operations _____
Of autopsy 97

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)
(e) Means of injury ✓

23. Signature Bruce Lemmon (M. D. number) _____
Address Springfield Mo Date signed 9-8-47

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

9
2
b

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 Julian R. Hasden Registered Apprentice No. 473 working under my personal supervision.

Signed James E. Middle
Licensed Embalmer No. 2831
P. O. Address Springfield, Ma

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.