No. 2
-1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 30531

FILED OCT 7 1947

Registration District No. 4024

Primary Registration District No. 4063

Registrar's No.

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

1. PLACE OF DEATH:
(a) County: Caldwell
(b) City or town: Hamilton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: 10 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Caldwell 13
(c) City or town: Hamilton 1
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location) 0
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: ANDREW FIELD
3. (b) If veteran, name war: World War II
3. (c) Social Security No.
4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: M
6. (b) Name of husband or wife: Mabel O.
6. (c) Age of husband or wife if alive: 54 years
7. Birth date of deceased: 8 (Month) 21 (Day) 1883 (Year)
8. AGE: Years 64 | Months 0 | Days 24 | If less than one day ..... hr. ..... min.
9. Birthplace: Callio (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Lawyer
11. Industry or business:
FATHER
12. Name: Jefferson Field
13. Birthplace: Ohio (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Emily Morris
15. Birthplace: Unknown (City, town, or county) (State or foreign country)
16. (a) Informant: Richard Field
(b) Address: Independence MO.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9 17 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Highland Cem. Hamilton
18. (a) Signature of funeral director Bram Funeral Home
(b) Address Hamilton Missouri
19. (a) Sept 22/47 (Date received by local registrar) (b) Gladys Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 15 year 1947 hour 10 minute 00 A.M.
21. I hereby certify that I attended the deceased from Sept. 1 1947 to Sept 15 1947 and that I last saw him alive on Sept. 14 1947 and that death occurred on the date and hour stated above.

Immediate cause of death: Lymphosarcoma — Duration: 3 yrs.
Due to: Primary Anterior Cervical glands.
Due to:
Other conditions (Include pregnancy within 3 months of death): NO
Major findings: Of operations: Metastatic Lymphosarcoma Meninges
Of autopsy:

PHYSICIAN — Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature Herbert R. Booth (M. D. or other) MD
Address Hamilton MO Date signed 9/19/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

DEC 1 1947
NOV 3 1947

OCT 9 1947

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 R. Lester Bram, Registered Apprentice No. 456, working under my personal supervision.

Signed R. L. Bram

Licensed Embalmer No. 3052

P. O. Address Hamilton, 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.