

FILED MAR 26 1948

Registration District No. 2012

Primary Registration District No. 5780

Registrar's No. 16

1. PLACE OF DEATH:

(a) County Miller

(b) City or town Eugene Rural Saline
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Miller 66

(c) City or town Eugene Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) _____

(e) Citizen of foreign country? _____ (Yes or No) _____
If yes, name country _____

3. (a) PRINT FULL NAME GEORGE C. FIELDS

3. (b) If veteran, name was _____

3. (c) Social Security No. _____

4. Sex Male 5. Color or race white

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: Dec 23 1863
(Month) (Day) (Year)

8. AGE: Years 84 Months 7 Days 13 If less than one day _____ hr. _____ min.

9. Birthplace Cole Camp Mo 0
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name David Fields

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

14. Maiden name No Record

15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant Mrs G. C. Fields

(b) Address Eugene Mo.

17. (a) Burial (b) Date thereof 3-13-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Spring Garden Cem

18. (a) Signature of funeral director Russell W. Walters

(b) Address Waverly Mo.

19. (a) Mar 13 48 (b) Waverly Walters
(Date received local registrar) (Registrar's signature) _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 10 year 1948 hour 6 minute 30 P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Myocarditis Duration _____

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: Of operations 932

Of autopsy _____

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 3

23. Signature M. E. Humphreys (M. D. or other) Dr

Address Waverly Mo. Date signed 3-13-48

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

6
0
0

MOTHER FATHER

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed MAR 25 1948

JUN 7 1957

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 *[Signature]*
Licensed Embalmer No. 2307
P. O. Address *Russellville 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.