

S. No. 300  
 OM-10-47  
 Rev. 5-17-39  
 I 3906

MISSOURI DIVISION OF HEALTH  
 STANDARD CERTIFICATE OF DEATH

State File No. 19462  
 Registrar's No. 2642

FILED JUL 3 1948  
 Registration District No. 49

Primary Registration District No. 1002

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

1. PLACE OF DEATH:  
 (a) County Jackson  
 (b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: General Hospital No. 1  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 7 days  
(Specify whether)  
 In this community 1 WEEK  
years, months or days

3. (a) PRINT FULL NAME BARTON Rector, Fields  
 3. (b) If veteran, name war No  
 3. (c) Social Security No. 495-03-8612

4. Sex MALE  
 5. Color or race WHITE  
 6. (a) Single, widowed, married, divorced MARRIED  
 6. (b) Name of husband or wife MRS. MAGGIE FIELDS  
 6. (c) Age of husband or wife if alive 53 years  
 7. Birth date of deceased OCTOBER 17 1892  
(Month) (Day) (Year)

8. AGE: Years 55 Months 8 Days 5  
 If less than one day hr. min.

9. Birthplace LISBORN MISSOURI  
(City, town, or county) (State or foreign country)  
 10. Usual occupation STATIONARY ENGINEER  
 11. Industry or business HARDING CREAMERY  
 12. Name WILLIAM FIELDS  
 13. Birthplace UNKNOWN MISSOURI  
(City, town, or county) (State or foreign country)  
 14. Maiden name MAGGIE METCALF  
 15. Birthplace UNKNOWN MISSOURI  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Maggie Fields  
 (b) Address 6733 Chestnut

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JUNE 24 1948  
(Month) (Day) (Year)  
 (c) Place: burial or cremation FLORAL HILLS CEMETERY

18. (a) Signature of funeral director D. H. Newkome's Sons  
 (b) Address 1401 BRUSH CREEK BLVD.

19. (a) 6-24-48 (Date received local registrar) (b) M. D. Newkome's Sons (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Jackson  
 (c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 6733 Chestnut  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month June day 22  
 year 1948 hour 11 minute 50 A. M.

21. I hereby certify that I attended the deceased from June 15 19 48 to June 22 19 48  
 that I last saw him alive on June 22 19 48  
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebrovascular accident  
 Duration \_\_\_\_\_

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_  
 Of autopsy None  
 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) (c) Means of injury \_\_\_\_\_  
 23. Signature Wm W. Hart (M. D. or other) MD  
 Address Med. Dir. Gen'l Hosp. Date signed 6-23-48

12 Jan

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**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 Edward M. Storey

Licensed Embalmer No. 4452

P. O. Address K. C. 4 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.**