FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 12 1948

Registration District No. 247

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6022

State File No. 23931

Registrar's No. 65

1. PLACE OF DEATH:

(a) County Ray

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

(c) Name of hospital or institution: 9 miles NW of Richmond
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 69 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray 89

(c) City or town Richmond
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME ANNA BELLE FIELDS

3. (b) If veteran, name war None

3. (c) Social Security No. NONE

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife James Fields

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

7. Birth date of deceased August (Month) 5, (Day) 1878 (Year)

8. AGE: Years 69 | Months 11 | Days 20 | If less than one day ___ hr. ___ min.

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

10. Usual occupation Housewife

11. Industry or business —

FATHER
12. Name C. A. Blackwell
13. Birthplace Unknown (City, town, or county) Indiana (State or foreign country)

MOTHER
14. Maiden name Mary Elizabeth King
15. Birthplace Chariton County, (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs. Dan Drews
(b) Address Richmond, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 27, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Dockery, Missouri

18. (a) Signature of funeral director Thurman Funeral Home
(b) Address 627 East Main St., Richmond, Mo.

19. (a) July 27-1948 (Date received local registrar) (b) Mabel Jackson (Registrar's signature) 372

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month July day 25th year 1948 hour 11:35 minute P. M.

21. I hereby certify that I attended the deceased from July 12, 1948, to July 25, 1948; that I last saw er alive on July 25, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Broncho-pneumonia	2 days
Due to Chronic Nephritis and Hypertension	?
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 1318
Of autopsy

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Thos. F. Coon (M. D. or other)
Address Richmond, Mo. Date signed 7-27-48

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT

RECEIVED
District Health Officer No. 6.
District File Number
Date Filed 8-11-48

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 William L. Thurman, Registered Apprentice No. 65 working under my personal supervision.

Signed [illegible]

Licensed Embalmer No. 2073

P. O. Address Richmond, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.