

FILED AUG 21 1950

## STANDARD CERTIFICATE OF DEATH

26845  
State File No. ....

3208

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)			
a. COUNTY <b>Jackson</b>		b. CITY (If outside corporate limits, write RURAL and give town or township) <b>Kansas City</b>		a. STATE <b>Missouri</b>		b. COUNTY <b>Jackson</b>	
c. LENGTH OF STAY (In this place) <b>15 years</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>		d. STREET ADDRESS (If rural, give location) <b>1239 Colorado Ave. 3208</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Home-1239 Colorado</b>							
3. NAME OF DECEASED (Type or Print)		a. (First) <b>Walter</b>		b. (Middle) <b>L.</b>		c. (Last) <b>Fields</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>July 23 50</b>		5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>July 22-1886</b>		9. AGE (In years last birthday) (If under 1 year: Months) (Days) (Hours) (Min.) <b>64</b>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Ordinance Plant</b>	
11. BIRTHPLACE (State or foreign country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>		13a. FATHER'S NAME <b>John Fields</b>		13b. MOTHER'S MAIDEN NAME <b>Dorkes Brumbaugh</b>	
14. NAME OF HUSBAND OR WIFE <b>Ruth Fields</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No None</b>		16. SOCIAL SECURITY NO. <b>491-22-4917</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Ruth Fields</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		19. MEDICAL CERTIFICATION				20. INTERVAL BETWEEN ONSET AND DEATH <b>8 wks</b>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Metastatic Carcinoma of Lungs</b> <b>Carcinoma of Esophagus &amp; Femur</b>				DUE TO (b) <b>Prostatic Carcinoma Primary</b>	
ANTECEDENT CAUSES		DUE TO (c) <b>HYPO-NEPHRTIS</b> <b>Anemia Congestive Heart Failure</b>				177X <b>46 wks</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>1</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR			
22. I hereby certify that I attended the deceased from <b>July 17, 1949</b> , to <b>July 23, 1950</b> , that I last saw the deceased alive on <b>July 10, 1950</b> , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <b>Maurice M. Geraghty</b> (Degree or title)				23b. ADDRESS <b>207 6045 Truman Blvd K.C.</b>		23c. DATE SIGNED <b>7/24/50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>7/26/50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Schrock Cem</b>		24d. LOCATION (City, town, or county) (State) <b>Reger Missouri</b>	
DATE REC'D BY LOCAL REG. <b>7-25-50</b>		REGISTRAR'S SIGNATURE <b>Sheraldine Holmes</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Earp &amp; Sons</b>		ADDRESS <b>Kansas City Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed

*James W. Earp*

Licensed Embalmer No. *4622*

P. O. Address *W. C. 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.