

FILED DEC 27 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 40200  
Registrar's No. 5105

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH

a. COUNTY JACKSON

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY

c. LENGTH OF STAY (In this place) life

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) GENERAL HOSPITAL #2

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE MISSOURI b. COUNTY JACKSON

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY

d. STREET ADDRESS (If rural, give location) 609 Charlotte Street 3130

3. NAME OF DECEASED

a. (First) FRANK b. (Middle) \_\_\_\_\_ c. (Last) FIELDS

4. DATE OF DEATH (Month) (Day) (Year) AUGUST 24 1950

5. SEX MALE 6. COLOR OR RACE NEGRO 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED

8. DATE OF BIRTH DECEMBER 24 1874 9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) 75

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME

10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_

11. BIRTHPLACE (State or foreign country) KANSAS CITY, MISSOURI

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME WILLIAM FIELDS 13b. MOTHER'S MAIDEN NAME MARY FIELDS

14. NAME OF HUSBAND OR WIFE \_\_\_\_\_

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) \_\_\_\_\_

16. SOCIAL SECURITY NO. \_\_\_\_\_

17. INFORMANT'S SIGNATURE OR NAME Hosp. Records K.C. Mo. ADDRESS \_\_\_\_\_

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) FAR ADVANCED TUBERCULOSIS (PULMONARY)

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) \_\_\_\_\_

DUE TO (c) \_\_\_\_\_

2. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.) MALNUTRITION

INTERVAL BETWEEN ONSET AND DEATH 002 1/2

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_

20. AUTOPSY? YES  NO

21a. ACCIDENT (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) \_\_\_\_\_

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from 6-27, 19 50, to 8-24, 19 50, that I last saw the deceased alive on 8-24, 19 50 and that death occurred at 4:35A m., from the causes and on the date stated above.

23a. SIGNATURE E. Frank Ellis (Degree or title) \_\_\_\_\_

23b. ADDRESS 600 East 22nd Street

23c. DATE SIGNED 8-24-50

24a. BURIAL, CREMATION, REMOVAL (Specify) \_\_\_\_\_ 24b. DATE 12/5/50

24c. NAME OF CEMETERY OR CREMATORY McCleary Cemetery 24d. LOCATION (City, town, or county) (State) Kansas City Mo

DATE REC'D BY LOCAL REG. 12-4-50 REGISTRAR'S SIGNATURE Seraldine Holmes

25. FUNERAL DIRECTOR'S SIGNATURE H B Moore ADDRESS 1820 E. 18th

(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.....

*HB Moore*

Signed.....  
Student Embalmer

Licensed Embalmer No. *2410*

P. O. Address *1820 E 18 st*

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.