

FILED APR 10 1946

State File No. _____

Registration District No. 137

Primary Registration District No. 2023

Registrar's No. 59

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Clinton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
922 North Washington St. 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 all life
years, months or days

3. (a) PRINT FULL NAME Hattie Ann Brame Fields

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Frank Fields 6. (c) Age of husband or wife if alive: 84 years
7. Birth date of deceased: Oct. 20 1877
(Month) (Day) (Year)

8. AGE: Years 69 Months 4 Days 20 If less than one day hr. _____ min. _____

9. Birthplace Clinton Mo (1)
(City, town or county) (State or foreign country)

10. Usual occupation House work

11. Industry or business _____

12. Name Laurney Brame
13. Birthplace Virginia
(City, town or county) (State or foreign country)
14. Maiden name Bette Watson
15. Birthplace Denison Texas 1
(City, town, or county) (State or foreign country)

16. (a) Informant Edward Peggus
(b) Address 3018 Hally, KC, Mo

17. (a) Burial (b) Date thereof 3 15 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clinton, Mo

18. (a) Signature of funeral director Space & Son
(b) Address Clinton, Mo

19. (a) 3-15-46 (b) R R Kermey
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry
(c) City or town Clinton
(If outside city or town limits, write "RURAL")
(d) Street No. 922 North Washington
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12
year 1946 hour 2:30 minute _____ P. M.

21. I hereby certify that I attended the deceased from Oct. 12 1945 to March 11 1946
that I last saw her alive on 3/11/46 and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Pneumonia 2d q.
Due to _____

Due to _____
Other conditions Cerebral Hemorrhage 2 w/d.
(include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy 30

Duration

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)
(e) Means of injury _____
23. Signature W. P. Hallinger (M. D. or other)
Address Clinton, Mo Date signed 3/11/46

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

MOTHER FATHER

RECEIVED

State of Missouri, Department of Health, No. 7,

District Number 3-46-332

Date Filed 4-9-46

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 W. A. Vassant

Licensed Embalmer No. 3779

P. O. Address Clinton

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.