

DEC'D MAY 10 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

13746

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Township Law Primary Registration District No. 1002
(c) City Stansbury (d) Street No. 1712 Park St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

437 Dangerfield Fields Jr.
(a) Residence, No. 1712 Park St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE Col. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lula Fields

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 19, 1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 4 16

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Electrician
9. Industry or business in which work was done, as saw mill, bank, etc. Electric Bldg.
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

FATHER 13. NAME Dangerfield Fields

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

MOTHER 15. MAIDEN NAME Elizabeth Fields

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

17. INFORMANT (ADDRESS) Lula Fields
1712 Park

18. BURIAL, CREMATION, OR REMOVAL PLACE Blue Ridge Farm DATE 4/8 39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Walter T. Brown
1729 1/2 1/2

20. FILED Apr 8 1939 M. Brown
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/5 39

22. I HEREBY CERTIFY, That I attended deceased from March 26, 1939 to Apr 5, 1939

I last saw him alive on Apr 5, 1939 Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Sobar Pneumonia Date of onset _____

108

Other contributory causes of importance:
Myocardial Insufficiency

Name of operation _____ Date of _____

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) J. B. Schiller, M. D.

(Address) 1605 E-18th St

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,

T. B. Watkins

....., or by

Registered Apprentice No., working under my personal supervision.

Signed *T. B. Watkins*

Licensed Embalmer No. *2889*

P. O. Address *1729 Lydia*

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, above space should be left blank.