

43636

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: 318 East Hall St 2
(If not in hospital or institution, write street number or location)

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

In this community 15 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

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

(d) Street No. 318 East Hall
(If rural, give location)

(e) If foreign born, how long in U. S. A. ✓ _____ years.

8. (a) PRINT FULL NAME Lottie Fields ⁴³²

8. (b) If veteran, name war ✓

8. (c) Social Security No. ✓

20. DATE OF DEATH: Month Dec day 10
year 1939 hour 9 minute 9 M.

4. Sex Female

5. Color or race White

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 Unknown

7. Birth date of deceased April 12, 1891
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov 22, 1939 to Dec 10, 1939; that I last saw her alive on Dec 6, 1939; and that death occurred on the date and hour stated above.

8. AGE: Years 48 Months 7 Days 28 hr. _____ min. _____

Immediate cause of death Cerebral thrombosis

Due to _____

Due to \$7.50

9. Birthplace Chester, Arkansas
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation at home

11. Industry or business Home

MOTHER FATHER

12. Name J. D. Ledbetter

13. Birthplace No data Arkansas
(City, town, or county) (State or foreign country)

14. Maiden name Mary Fields

15. Birthplace No data Arkansas
(City, town, or county) (State or foreign country)

PHYSICIAN

Major findings: _____

Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature Frank Fields

(b) Address Cantonville, Mo

22. If death was due to external causes, fill in the following:

17. (a) Burial (b) Date thereof Dec 12, 1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Farman Cemetery

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

18. (a) Signature of funeral director Weldon Nelson

(b) Address Webb City, Mo

(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? _____

19. (a) Dec 11-39 (b) J. W. Clark
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature R. M. Stormont (M. D. or other) _____
Address Webb City Mo Date signed 12/11/39

WRITE PRINTED IN UNFADING BLACK INK—MAKE A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 6,

District File Number 40-75

Date Filed JAN 8 1940

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.....

E. W. Hedge

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

E. W. Hedge

Licensed Embalmer No.....

28369

P. O. Address.....

West City

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.