

Registration District No. 912Primary Registration District No. 6232ARegistrar's No. 7

1. PLACE OF DEATH:

- (a) County Audrain
 (b) City or town Camden Township
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:

(If not in hospital or institution, write street number or location) 2

- (d) Length of stay: In hospital or institution (Specify whether

In this community _____ years, months or days)

3. (a) PRINT FULL NAME Margaret Fields 430

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Mrs. Fields 6. (c) Age of husband or wife if alive _____ years7. Birth date of deceased June 11 1882
(Month) (Day) (Year)8. AGE: Years 57 Months 7 Days 1 If less than one day hr. _____ min. _____

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

10. Usual occupation Housekeeping

11. Industry or business _____

12. Name Clay Menefee

13. Birthplace _____ (City, town, or county) _____ (State or foreign country)

14. Maiden name Jesse Zimmerman

15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant's own signature Hazel Fields(b) Address Vandalia Mo17. (a) Rural (b) Date thereof Jan 12 1940
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation St. Charles Mo18. (a) Signature of funeral director W.S. Waters(b) Address Vandalia Mo19. (a) Feb. 1 1940 (b) Carrie F. Wierback
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Audrain(c) City or town Rural
(If outside city or town limits, write "RURAL")(d) Street No. Quinn Lane
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 11 1940
year 1940 hour 10 P.M. minute _____ M.21. I hereby certify that I attended the deceased from Oct. 20
1939 to Jan 11 1940that I last saw her alive on Jan 10 1940
and that death occurred on the date and hour stated above.Immediate cause of death Chronic Valvular Heart Disease Duration 2 1/2

Due to _____

Due to 92 WOther conditions _____
(Include pregnancy within 3 months of death)Major findings: _____
Of operations _____

Of autopsy _____

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 H.F. Wierback (M. D. or other) _____Address Vandalia Mo Date signed 1-12-40

RECEIVED

District Health Officer No. 10

District File Number 2-40-330

Date Filed FEB 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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed W. P. Waters

Licensed Embalmer No. 3325

P. O. Address V. M. D. ...

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.