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5-17-39
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FILED JUN 7 1943
Registration District No.

Primary Registration District No. 3602

1. PLACE OF DEATH:

(a) County Audrain
(b) City or town Medina
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Audrain County Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 15 Run.
(Specify whether
In this community yes
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain 4
(c) City or town Vandalia
(If outside city or town limits, write "RURAL")
(d) Street No. 1
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country ?

3. (a) PRINT FULL NAME WILLIAM McCoy FIELDS

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

4. Sex MALE 5. Color or Race WHITE 6. (a) ~~Single~~, widowed, married, divorced, WIDOWED
6. (b) Name of husband or wife LULA FIELDS 6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased MARCH 22 1874
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>69</u>	<u>1</u>	<u>29</u>hr.min.

9. Birthplace VANDALIA AUDRAIN Co. Mo. D
(City, town, or county) (State or foreign country)

10. Usual occupation FARMING

11. Industry or business

MOTHER FATHER {
12. Name JOSEPH FIELDS
13. Birthplace VANDALIA AUDRAIN Co. Mo. D
(City, town, or county) (State or foreign country)
14. Maiden name ALICE THOMAS FIELDS
15. Birthplace VANDALIA AUDRAIN Mo. D
(City, town, or county) (State or foreign country)

16. (a) Informant RICHARD FIELDS
(b) Address HANNIBAL, Mo.

17. (a) BURIAL (b) Date thereof 5-27-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MT. OLIVET CEMETARY

18. (a) Signature of funeral director Elmer B Smith
(b) Address Vandalia, Mo.

19. (a) May 27-43 (b) Margaret H Machie
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25th
year 1943 hour 10AM minute M.

21. I hereby certify that I attended the deceased from May 24th 1943 to May 25 1943
that I last saw him alive on May 25 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic degenerative myocarditis - with heart failure
Genital atrophy

Duration 1 year
PHYSICIAN
Underline the cause to which death should be charged statistically.

Due to
Other conditions (Include pregnancy within 3 months of death)

Major findings: none 932
Of operations
Of autopsy

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

(a) Accident, suicide, or homicide (specify) no
(b) Date of occurrence
(c) Where did injury occur? none
(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 Harry F. O'Shea (M. D. or other)
Address Medina Mo Date signed 5-25-43

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

RECEIVED

District Health Officer No. 10

District File Number 6-43-954

Date Filed JUN 5 1943

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 Chester A Roof

Licensed Embalmer No. 30849

P. O. Address Baltimore

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.