S. No. 2
OM—2-43
. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
JAN 10 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 43071

Registration District No. 210 Primary Registration District No. 4322 Registrar's No. 178

1. PLACE OF DEATH:
(a) County Mercer County
(b) City or town Princeton, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: no
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no (Specify whether
In this community seventy years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Mercer
(c) City or town Princeton
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Martha Jane Fields

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

4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years

7. Birth date of deceased July 23 18 53 (Month) (Day) (Year)

8. AGE: Years 90 Months 5 Days 4 If less than one day hr. min.

9. Birthplace (City, town, or county) Ohio (State or foreign country)
10. Usual occupation housewife
11. Industry or business
FATHER
12. Name Herman Maston
13. Birthplace unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Peterman
15. Birthplace unknown (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Frank Wayman
(b) Address Princeton, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 29, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Busby
18. (a) Signature of funeral director [signature]
(b) Address Princeton, Mo.
19. (a) 12-30-43 (Date received local registrar) (b) Jesse Alley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 27 year 1943 hour 7 minute P M.
21. I hereby certify that I attended the deceased from Dec 1, 1943 to Dec-27, 1943 that I last saw her alive on Dec 27, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Senility	?
Due to ✓	
Due to ✓	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations none
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature [signature] (M. D. or other) MD
Address Princeton Mo. Date signed 12/28/43

1117 (Licensed Embalmer's Statement on Reverse Side)

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 Me

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

working under my personal supervision.

Signed Hal Moss

Licensed Embalmer No. 2634

P. O. Address Princeton Mo

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.