

FILED DEC 28 1945

STANDARD CERTIFICATE OF DEATH

State File No.

5069

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson KANSAS City  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Wheatley Hosp.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 Days (Specify whether  
In this community 45 Yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Jackson  
(c) City or town kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3103 Troost (If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME Robert Fields.

3. (b) If veteran, name war None 3. (c) Social Security No. 997-14-1941

4. Sex M 5. Color or race Col 6. (a) Single, widowed, married, divorced Mar.  
6. (b) Name of husband or wife Alberta Fields 6. (c) Age of husband or wife if alive 62 years  
7. Birth date of deceased Oct. 10 1881  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
64 2 29 hr. min.

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

10. Usual occupation

11. Industry or business Janitor

12. Name Dangerfield Fields

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

14. Maiden name Elizabeth

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

16. (a) Informant Alberta Fields

(b) Address 3103 Troost in rear

17. (a) burial (b) Date thereof 12-12 45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland

18. (a) Signature of funeral director J.B. Watters

(b) Address 1729 Lyden

19. (a) 12-10-45 (b) Steraldine Holmes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 9  
year 1945 hour 1:00 minute A. M.

21. I hereby certify that I attended the deceased from 12-4-45 to 12-9-45, 1945  
that I last saw him alive on 12-9- 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Congestive Heart Failure Duration

Due to Ch. Cor. Arteriosclerosis

Due to Hypertensive Heart Disease

Other conditions Ch. Nephritis

Major findings: Of operations rw PHYSICIAN

Of autopsy rw 131/2 Underline the cause to which death should be charged statistically.

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

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

(b) Date of occurrence rw

(c) Where did injury occur? rw (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? rw

While at work? rw (Specify type of place) (e) Means of injury rw

23. Signature J. Stwells (M. D. or other)

Address 2122 E-15th Date signed 12-10-45

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

MOTHER FATHER

**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.....

working under my personal supervision.

----- Registered Apprentice No.-----

Signed *J. James Manlove*-----

Licensed Embalmer No. *3994*-----

P. O. Address *2573 Highland*-----

**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.**