

No. 2
12-45
17-39
X47070

FILED SEP 16 1946
Registration District No. 117

Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County JACKSON
(b) City or town KANSAS CITY
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2500 FOREST AVENUE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 58 YEARS (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON
(c) City or town KANSAS CITY
(If outside city or town limits, write "RURAL")
(d) Street No. 2500 FOREST AVENUE
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME CLYDE W. FIELD

3. (b) If veteran, name war No
3. (c) Social Security No. 487-16-3996

4. Sex MALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MRS. AVIS FIELD
6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased MAY 23 1888
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>58</u>	<u>3</u>	<u>29</u>	hr. min.

9. Birthplace KANSAS CITY MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation CONTRACTOR

11. Industry or business _____

MOTHER FATHER

12. Name CHARLES FIELD

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

14. Maiden name QUINN

15. Birthplace KANSAS CITY MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Fields
(b) Address 2500 Forest

17. (a) BURIAL (b) Date thereof SEPT-5-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation FOREST HILL CEMETERY

18. (a) Signature of funeral director Dr. Newcomer's Sons

(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 9-5-46 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT day 2nd
year 1946 hour 5 minute 55 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Reputed Coronary
Acute Coronary Occlusion

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) 9/4/46

Major findings:
Of operations _____
Of autopsy History of Inspection

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)
(c) Means of injury _____
23. Signature A.E. Uscher (M. D. or other) MS
Address 2800 1/2 main Date signed 9/9/46

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. Elmer Miller*

Licensed Embalmer No..... *4407*

P. O. Address..... *Kansas City 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.