

FILED NOV 7 1946

Registration District No. 187

Primary Registration District No. 3040

Registrar's No. 122

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

1. PLACE OF DEATH:

(a) County Livingston

(b) City or town Chillicothe
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Chillicothe Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days
(Specify whether years, months or days)

In this community 2 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston 59

(c) City or town Wheeling 1
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME George Henry Field

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased December 12 1870
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>76</u>	<u>10</u>	<u>6</u>	_____ hr. _____ min.

9. Birthplace Livingston County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER

12. Name John A. Field

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

14. Maiden name Missouri Ann Brown

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

16. (a) Informant Miss Margaret Field

(b) Address Chillicothe Missouri

17. (a) Burial (b) Date thereof 10-21-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wheeling Cemetery

18. (a) Signature of funeral director Norman Funeral Home

(b) Address Chillicothe Mo

19. (a) Oct-21-46 (b) Frances O'Neil
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 18th
year 1946 hour 3 minute A. M.

21. I hereby certify that I attended the deceased from March 14/46 to Nov 17 1946
that I last saw him alive on Nov 17 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage 3da

Due to Hypertension 7m

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: 83R

- 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? _____

23. Signature M. J. Russell (Specify type of place) (City, town, or county) (State) (Other)
Address Chillicothe Mo Date signed 10/18/46

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 Edwin J. Norman

Licensed Embalmer No. 4036

P. O. Address Chillicothe, 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.