

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38036

State File No.

FILED NOV 19 1946

Registration District No. 297

Primary Registration District No. 6022

Registrar's No. 111

1. PLACE OF DEATH:

(a) County Ray
(b) City or town Richmond Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4 Miles Northeast of Richmond
(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 74 Years (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Thomas Henry Fields

3. (b) If veteran, name war No 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 Dessie May Fields 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased August 8, 1872
(Month) (Day) (Year)

8. AGE: Years 74 Months 2 Days 27 If less than one day
hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business Farming

MOTHER FATHER { 12. Name Hiram Fields
13. Birthplace Ray County, Missouri (City, town, or county) (State or foreign country)
14. Maiden name Mary E. Roland
15. Birthplace Ray County, Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Grace Everett
(b) Address Richmond, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/7/46 (Month) (Day) (Year)
(c) Place: burial or cremation Dockery Cemetery

18. (a) Signature of funeral director Quest-Lile F. Home
(b) Address Richmond, Missouri

19. (a) Nov 11-46 (Date received local registrar) (b) Malcol Jackson (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County Ray
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. 4 Miles Northeast, Richmond (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 5th
year 1946 hour 11:00 minute A. M.
21. I hereby certify that I attended the deceased from 10-10-46
9, 1946, to 11-5-46, 1946;
that I last saw him alive on 11-2-46, 1946;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 1 hr

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 99A 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 Shs J Hook (Specify type of place) (M. D. 1946)
While at work? 0 Means of injury _____
Address Richmond, Mo. Date signed 11-11-46

273

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

36851

RECEIVED

District Health Officer No. 8

District File Number

Date Filed

11-16-48

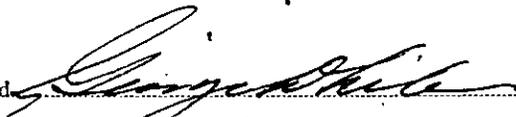
STATEMENT BY LICENSED EMBALMER

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



Licensed Embalmer No. 4064

P. O. Address Richmond, Va.

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.