

FILED MAR 10 1947  
Registration District No. 1799

Primary Registration District No. 1002

Registrar's No. 912

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

1. PLACE OF DEATH:

(a) County Jackson  
 (b) City or town Franklin City  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 1015 East Armour Blvd  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 1  
 In this community 6 months (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lincoln  
 (c) City or town Troy  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. Rural (If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MR. HENRY HARVEY FIELDER  
 (b) If veteran, name war NO  
 (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 28 year 1947 hour 6 minute 00 P.M.

4. Sex MALE Color or race WHITE  
 5. (a) Single, widowed, married, divorced UNMARRIED  
 6. (b) Name of husband or wife MRS VERNIE FIELDER  
 6. (c) Age of husband or wife if alive 66 years  
 7. Birth date of deceased NOVEMBER 21 1865  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept 7 1946 to Feb 28 1947  
 that I last saw him alive on Feb 27 1947  
 and that death occurred on the date and hour stated above.  
 Immediate cause of death Myocardial failure with terminal Bronchopneumonia  
 Duration 3 days

8. AGE: Years 81 Months 3 Days 7  
 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Due to Cardio-vascular renal degeneration 4 years  
 Due to General arterio-sclerosis 10 years  
 Other conditions Hypertrophy of Prostate 5 years  
 (Include pregnancy within 3 months of death)

9. Birthplace Lincoln Co. Missouri  
 (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

Major findings: No operations  
 Of operations \_\_\_\_\_  
 Of autopsy No autopsy 131  
 Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business \_\_\_\_\_  
 12. Name Isaac Newton Fielder  
 13. Birthplace Mo - 0  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Martha Beck  
 15. Birthplace Mo - 0  
 (City, town, or county) (State or foreign country)

16. (a) Informant Miss Louwilla Fielder  
 (b) Address 1015 East Armour  
 17. (a) Removal (b) Date thereof Feb 28, 1947  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Troy, Missouri

22. If death was due to external causes, fill in the following:  
 (c) 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? \_\_\_\_\_

18. (a) Signature of funeral director W. H. Newcomer  
 (b) Address 1401 Brush Creek Blvd  
 19. (c) 2-28-47 (b) Geraldine Holmes  
 (Date received local registrar) (Registrar's signature)

(Specify type of place) \_\_\_\_\_  
 While at work? \_\_\_\_\_ (c) Means of injury \_\_\_\_\_  
 23. Signature Herman S. Gump (M. D. or other) M.D.  
 Address 4115 Hubert Bldg K.C. Mo Date signed Feb 28 1947

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Shubert 2000 24.8625  
1115 8 named

EMERALD STATE COLLEGE

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**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.....

P. O. Address.....

**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..**