

Registration District No. **150**

Primary Registration District No. **5572**

**1. PLACE OF DEATH:**  
(a) County **Jackson**  
(b) City or town **Rural Prairie Sup.**  
(c) Name of hospital or institution:  
**Jackson County Home for Aged**  
(d) Length of stay: In hospital or institution **2 yrs 6 mths 16 da**  
In this community **27 yrs.**

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State **Missouri** (b) County **Jackson**  
(c) City or town **Kansas City, Mo.**  
(d) Street No. **4932 Brand Ave.**  
(e) Citizen of foreign country? **No**

**3. (a) PRINT FULL NAME** **FRED A. FIELD**  
3. (b) If veteran, name war **No**  
3. (c) Social Security No. \_\_\_\_\_

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month **Feb** day **21**  
year **1947** hour **8** minute **9** M.

4. Sex **MO** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Single**  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **2-11-1888**

**21. I hereby certify that I attended the deceased from** **Feb 1** 19**47**, to **Feb 21** 19**47**  
that I last saw him alive on **Feb 21** 19**47**  
and that death occurred on the date and hour stated above.

**8. AGE:** Years **59** Months **0** Days **10** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death **Chronic myocarditis**  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

9. Birthplace **Bangor Maine**

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations **97D**  
Of autopsy \_\_\_\_\_

**10. Usual occupation** \_\_\_\_\_  
**11. Industry or business** \_\_\_\_\_  
**12. Name** \_\_\_\_\_  
**13. Birthplace** \_\_\_\_\_  
**14. Maiden name** \_\_\_\_\_  
**15. Birthplace** \_\_\_\_\_

**PHYSICIAN**  
Underline the cause to which death should be charged statistically.

**16. (a) Informant** **Jackson County Home, Records**  
**(b) Address** **R 7 A #4 - Independence, Mo.**  
**17. (a) Burial** (b) Date thereof **2-22-47**  
**(c) Place: burial or cremation** **Kees Summit, Mo.**  
**18. (a) Signature of funeral director** **W. B. Dango**  
**(b) Address** **Kees Summit, Mo.**  
**19. (a) FEB. 22 1947** (b) **Donald C. Earnshaw**

**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? \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury **D**  
**23. Signature** **J. W. Geed** (M. D. or other) \_\_\_\_\_  
Address **Independence, Mo.** Date signed **Feb 21 1947**

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

MOTHER FATHER

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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..... 3833

P. O. Address..... Peis Summit

**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.**