S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 2 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29887

Registration District No. 377

Primary Registration District No. 6076

Registrar's No. 1851

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Since 6-6-47 (Specify whether
In this community 6 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Arkansas (b) County 999
(c) City or town Paris 3
(If outside city or town limits, write "RURAL")
(d) Street No. None
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 2
If yes, name country

3. (a) PRINT FULL NAME FIELDS, Wain

3. (b) If veteran, name war World War 2

3. (c) Social Security No. 431 50 2101

4. Sex Male

5. Color or race White

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 May 12, 1904 (Month) (Day) (Year)

8. AGE: Years 43 Months 3 Days 14 If less than one day hr. min.

9. Birthplace Salem Spring, Arkansas (City, town, or county) (State or foreign country)

10. Usual occupation Retired Soldier

11. Industry or business

FATHER
12. Name Bill Fields
13. Birthplace Oklahoma (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Julia Caswell
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Registrar, Vet. Adm. Hospital,
(b) Address Jefferson Barracks, Missouri

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8/27/47 (Month) (Day) (Year)
(c) Place: burial or cremation Paris, Arkansas

18. (a) Signature of funeral director C. Hoffmeister U&L Co.
(b) Address 7814 S. Bdwy., St. Louis, Mo.

19. (a) 8-28-47 (Date received local registrar) (b) Cecil A. J. Sharp MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 26
year 1947 hour 10:45 minute A.M.

21. I hereby certify that I attended the deceased from 6-6-47 19..., to 8-26-47, 19...;
that I last saw him alive on 8-26-47, 19...;
and that death occurred on the date and hour stated above.

Immediate cause of death LYMPHOSARCOMA, LYMPHOBLASTIC TYPE

Due to 35

Due to

Other conditions No Operations
(Include pregnancy within 3 months of death)

Major findings:
Of operations 4

Of autopsy No Autopsy

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(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? (Specify type of place)
While at work? (e) Means of injury

23. Signature L. E. Stilwell (M. D. or other)
L. E. STILWELL, M.D.
Address VAH., JEFF. BRKS., MISSOURI Date signed 8-26-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

DEC 2 1941

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 Harry J. Schumacher

Licensed Embalmer No. 2679

P. O. Address 7814 Broadway

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.