

STANDARD CERTIFICATE OF DEATH

State File No. **28038**  
**3546**

FILED AUG 15 1952

|   |  |   |                                     |  |  |   |  |
|---|--|---|-------------------------------------|--|--|---|--|
| BIRTH NO.   |  | REG. DIST. NO. <u>149</u>   |                                     | PRIMARY REG. DIST. NO. <u>1002</u>   |  | Registrar's No.   |  |
| 1. PLACE OF DEATH<br>a. COUNTY <b>Jackson</b>   |  |   |                                     | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>                    |  |   |  |
| d. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <b>Kansas City</b>  |  | c. LENGTH OF STAY (in this place) <b>27 yrs</b>   |                                     | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <b>Kansas City</b>   |  | 710   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2409 Highland</b>  |  |   |                                     | d. STREET ADDRESS (If rural, give location) <b>2409 Highland</b>   |  |   |  |
| 3. NAME OF DECEASED<br>a. (First) <b>Sanford</b> b. (Middle) <b>Fields</b> c. (Last) <b>Fields</b>  |  |   | 4. DATE OF DEATH <b>Aug 5, 1952</b> |  |  | 8   |  |
| 5. SEX <b>Male</b>  |  | 6. COLOR OR RACE <b>Negro</b>   |                                     | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>  |  | 8. DATE OF BIRTH <b>March 28, 1864</b>                                      |  |
| 9. AGE (In years last birthday) <b>88</b>   |  | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b> |                                     | 10b. KIND OF BUSINESS OR INDUSTRY  |  | 11. BIRTHPLACE (City and State or Foreign Country) <b>Sweetsprings, Mo.</b> |  |
| 12. CITIZEN OF WHAT COUNTRY? <b>USA</b>   |  | 13a. FATHER'S NAME <b>Unknown</b>   |                                     | 13b. MOTHER'S MAIDEN NAME <b>Martha</b>  |  | 14. NAME OF HUSBAND OR WIFE <b>Esther Mae Fields</b>                        |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>  |  | 16. SOCIAL SECURITY NO. <b>-</b>  |                                     | 17. INFORMANT'S SIGNATURE OR NAME <b>Alfred Crutchfield</b> ADDRESS <b>1312 E. 27th</b>  |  |   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.                     |  |   |                                     | MEDICAL CERTIFICATION<br>INTERVAL BETWEEN ONSET AND DEATH  |  |   |  |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <b>Senility</b>  |  |   |                                     | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>"</b><br>DUE TO (c) |  |   |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |  |   |                                     | 7941   |  |   |  |
| 19a. DATE OF OPERATION  |  | 19b. MAJOR FINDINGS OF OPERATION  |                                     |  |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input type="checkbox"/>    |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)  |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)                |                                     | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)<br><b>Kansas City Jackson Mo</b>   |  |   |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour)   |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |                                     | 21f. HOW DID INJURY OCCUR?   |  |   |  |
| 22. I hereby certify that I attended the deceased from <b>Jan.</b> , 1951, to <b>Aug. 5,</b> 1952 that I last saw the deceased alive on <b>Aug. 3,</b> 1952, and that death occurred at <b>m.</b> , from the causes and on the date stated above. |  |   |                                     |  |  |   |  |
| 23a. SIGNATURE <b>F. J. Haugh Sr.</b>   |  |   |                                     | 23b. ADDRESS <b>2306 E. 18th St.</b>   |  | 23c. DATE SIGNED <b>8-7-52</b>  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>   |  | 24b. DATE <b>8/8/52</b>   |                                     | 24c. NAME OF CEMETERY OR CREMATORY <b>Lincoln Cemetery</b>   |  | 24d. LOCATION (City, town, or county) (State) <b>Kansas City, Missouri</b>  |  |
| DATE REC'D BY LOCAL REG. <b>8-8-52</b>  |  | REGISTRAR'S SIGNATURE <b>Geraldine Holman</b>   |                                     | 25. FUNERAL DIRECTOR'S SIGNATURE <b>W. Keith Cow</b>   |  | ADDRESS <b>18th &amp; Benton</b>  |  |

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

(Licensed Embalmer's Statement on Reverse Side)

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Clifford G. Woods

Licensed Embalmer No. 3106

P. O. Address 15307.5<sup>th</sup> St.

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.