

No. 2  
M-2-43  
5-17-39  
X35697

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JAN 16 1948

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 2119  
Registrar's No. 2

Registration District No. 297

Primary Registration District No. 6022

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

1. PLACE OF DEATH:

(a) County Richmond  
(b) City or town Rural  
(c) Name of hospital or institution Central Richmond County Sanatorium  
(d) Length of stay: In hospital or institution 1 (Specify whether years, months or days) 76 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Russell  
(c) City or town Rural  
(d) Street No. 6 miles N.E. Richmond R.F.D. #4  
(e) Citizen of foreign country? (Yes or No) No  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MARION C. Fields

3. (b) If veteran, name war NONE 3. (c) Social Security No. NONE

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Carl E. Herod 6. (c) Age of husband or wife if alive husband years  
7. Birth date of deceased March 1 1871  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
76 10 0 hr. min.

9. Birthplace Craysmoor Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farming

MOTHER FATHER { 12. Name John Fields  
13. Birthplace Mo.  
14. Maiden name Margaret Robinson  
15. Birthplace Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Newton Fields  
(b) Address Polo, Mo.

17. (a) Burial (b) Date thereof 1/4/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Craysmoor, Mo.

18. (a) Signature of funeral director Richard H. ...  
(b) Address Richmond, Mo.

19. (a) Jan 5-1948 (b) Marion Jackson  
(Date received local registrar) (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January 19 1948 year hour 1:25 minute P. M.

21. I hereby certify that I attended the deceased from 6-1-47, 19 1-1-48, 19 1948; that I last saw him alive on 12-31-47, 19 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Broncho-pneumonia  
Due to Cancer of Penis

Duration 2 days  
7 yrs

Other conditions (Include pregnancy within 3 months of death) 570

Major findings: Of operations 570  
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? \_\_\_\_\_

While at work? (Specify type of place) \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature Shos Flook (M. D. or N. M. D.)  
Address Richmond, Mo. Date signed 1-1-48

RECEIVED  
District Health Officer No. 8,  
District File Number \_\_\_\_\_  
Date Filed 1-15-48

**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 *George H. Hill*  
Licensed Embalmer No. 4066  
P. O. Address *Richmond, Mo.*

**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.**