

**MISSOURI STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

**6799**  
 Do not use this space.

REC'D MAR 17 1939

1. PLACE OF DEATH  
 (a) County  Jasper  Registration District No.  408   
 (b) Township   Primary Registration District No.  3020  Registered No.  27   
 (c) City  Carthage  (d) Street No.   St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME  Betty Shields   
 (a) Residence, No.  1414 1/2 Mc Gregor St.  St.   
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX  Female  4. COLOR OR RACE  White  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED  (write the word)   
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF    
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)  Feb. 8, 1939   
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
 0   0   0   0   2.0   
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.    
 9. Industry or business in which work was done, as saw mill, bank, etc.    
 10. Date deceased last worked at this occupation (month and year)   11. Total time (years) spent in this occupation    
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  Carthage Missouri   
 FATHER 13. NAME  Elias Shields   
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  Lawrence County Missouri   
 MOTHER 15. MAIDEN NAME  Opal Nelson   
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  Unknown Oklahoma   
 17. INFORMANT  Marie Rangle   
 (ADDRESS)  515 High - Carthage Mo.   
 18. BURIAL, CREMATION, OR REMOVAL PLACE  Oak Hill Cem.  DATE  Feb. 9, 1939   
 19. FUNERAL DIRECTOR  Kneel Mortuary   
 (ADDRESS)  Carthage, Mo.   
 20. FILED  Feb. 9, 1939   E. J. McIntire, M.D.   
 Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR)  Feb. 8, 1939   
 22. I HEREBY CERTIFY, That I attended deceased from  Feb. 8, 1939  to  Feb. 8, 1939   
 I last saw h.  or  alive on  Feb. 8, 1939  Death is said to have occurred on the date stated above, at  1:35 P.  m.  
 The principal cause of death and related causes of importance were as follows:  
 atelectasis   
 Date of onset  2-8-39   
 Other contributory causes of importance:  161 W   
 Name of operation   Date of    
 What test confirmed diagnosis?   Was there an autopsy?  NO   
 23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide?   Date of injury  , 19   
 Where did injury occur?   (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
 Manner of injury    
 Nature of injury    
 24. Was disease or injury in any way related to occupation of deceased?  NO   
 If so, specify    
 (Signed)  Homer Elyard, M. D.   
 (Address)  Carthage Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 6,

District File Number 6-39-256

Date Filed MAR 9 1939

STATEMENT BY LICENSED EMBALMER

I, \_\_\_\_\_, Licensed Embalmer No. 391

hereby certify that the body recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_

\_\_\_\_\_ L. E. \_\_\_\_\_

No. \_\_\_\_\_ or by \_\_\_\_\_ Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed Ernest R. Hull

Licensed Embalmer No. 391

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.)