

SEP 6 1939

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

28264
Do not use this space.

1. PLACE OF DEATH

(a) County JACKSON Registration District No. 399
 (b) Township RAW Primary Registration District No. 1002
 or City KANSAS CITY (d) Street No. 3625 MONROE Registered No. 3266
 (e) Length of residence in city or town where death occurred 62 yrs. mos. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

432 MRS CATHERINE ANNA DEWITT SHIELDS
 (a) Residence, No. 3625 MONROE St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWED
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF GEORGE SHIELDS
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) OCTOBER 30 1851
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
87 | 9 | 17
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. AT HOME
 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) ST. LOUIS (STATE OR COUNTRY) MISSOURI

FATHER 13. NAME HENRY TIEFBRUN

14. BIRTHPLACE (CITY OR TOWN) GERMANY (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME UNKNOWN

16. BIRTHPLACE (CITY OR TOWN) GERMANY (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) MRS. MARY DESCHER
3618 CLEVELAND

18. BURIAL, CREMATION, OR REMOVAL PLACE ST. JOSEPH CEMETERY DATE AUGUST 18 1939
SHAWNEE, KANSAS

19. FUNERAL DIRECTOR (NAME) D.W. NEWCOMER'S SON (ADDRESS) KANSAS CITY, MISSOURI

20. FILED 9/17 1939 M. M. Brown
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) AUGUST 16 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug. 14, 1939 to Aug 16, 1939
 I last saw her alive on Aug. 15, 1939 Death is said to have occurred on the date stated above, at 9:15 A.M.
 The principal cause of death and related causes of importance were as follows:

Angina Pectoris
131
 Other contributory causes of importance:
(see submitted reports)
 Date of onset 8-15-39

Name of operation None Date of
 What test confirmed diagnosis? Clinical 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) John P. Lewis, M. D.
 (Address) 3546 Indiana

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

I X16903

3548 Indiana Ave.
2-8-30

P

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 R M. Calhoun

Licensed Embalmer No. 3506

P. O. Address K. C. 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, above space should be left blank.