

**FILED JUL 15 1940**

Registration District No. 135

Primary Registration District No. 3010

Registrar's No. 65

1. PLACE OF DEATH:

(a) County Cassell  
(b) City or town Carrallton  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Atwood Hospital Carrallton Mo. 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 5 days \_\_\_\_\_ years, months or days) \_\_\_\_\_

8. (a) PRINT FULL NAME Ethel Florence Shields

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. no.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife J. P. Shields 6. (c) Age of husband or wife if alive about 60 years

7. Birth date of deceased 8 25 1881  
(Month) (Day) (Year)

8. AGE: Years 58 Months 9 Days 28 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation House wife

11. Industry or business \_\_\_\_\_

12. Name William Hardin Snider

13. Birthplace Virginia  
(City, town, or county) (State or foreign country)

14. Maiden name Emma Castana Cooper

15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant J. P. Shields  
(b) Address Carrallton Mo.

17. (a) Burial (b) Date thereof 6-25-1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cem

18. (a) Signature of funeral director Wells Marshall  
(b) Address Carrallton Mo.

19. (a) 6-24-40 (b) Wells Marshall  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cassell  
(c) City or town Carrallton Mo  
(If outside city or town limits, write "RURAL")  
(d) Street No. West 6<sup>th</sup> St.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 23  
year 1940 hour 8:4 minute a. M.

21. I hereby certify that I attended the deceased from 4-4-40  
\_\_\_\_\_, 19\_\_\_\_, to 6-23, 1940

that I last saw h \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Diabetic  
Coma following  
operation for appendicitis

Due to Diabetes mellitus

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations Gangrenous  
appendix

Of autopsy \_\_\_\_\_

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?  
130

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

23. Signature W. G. Atwood (M. D. of other) \_\_\_\_\_  
Address Carrallton Mo. Date signed 6/24/40

Duration  
3  
days  
3  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

7  
3  
1

RECEIVED  
District Health Officer No. 8,  
District File Number 7-3-40  
Date Filed

**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 me  
\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed R. M. Marshall

Licensed Embalmer No. 2525

P. O. Address Cum gratia

**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.