No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 5 1940

Registration District No.

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

1002

Primary Registration District No.

Shields

27446

State File No. 3079

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Jackson,

(b) City or town Kansas City,
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Luke's Hospital,
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Unknown, (Specify whether
In this community 58 years,
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Jackson,

(c) City or town Kansas City,
(If outside city or town limits, write "RURAL")

(d) Street No. 1415 College,
(If rural, give location)

(e) If foreign born, how long in U. S. A.? no. years.

3. (a) PRINT FULL NAME Mrs. Louise Boden Shields, 43

3. (b) If veteran, name war no.

3. (c) Social Security No. no.

4. Sex Female

5. Color or race White,

6. (a) Single, widowed, married, divorced Widowed,

6. (b) Name of husband or wife Charles Shields,

6. (c) Age of husband or wife if alive dec. years

7. Birth date of deceased October 28, 1880,
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
59	9	3	hr. min.

9. Birthplace Missouri, (City, town, or county) 0 (State or foreign country)

10. Usual occupation at home,

11. Industry or business x

FATHER
12. Name Louie Boden,
13. Birthplace (City, town, or county) Penn. (State or foreign country)

MOTHER
14. Maiden name Sedonia Marsh,
15. Birthplace (City, town, or county) England, 4 (State or foreign country)

16. (a) Informant Mrs. H. B. McCarty,
(b) Address 1415 College, Kansas City, Mo.

17. (a) Burial, (Burial, cremation, or removal) (b) Date thereof 7-3-40 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director Stine & McClure,
(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) Aug. 1, 1940 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July, day 31st,
year 1940, hour 9:45 minute P. M.

21. I hereby certify that I attended the deceased from July 15, 1940, to July 31, 1940;
that I last saw her alive on July 31, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Peritonitis	
Due to Ruptured appendix	
Due to 121	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations none, no operation
Of autopsy none

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

23. Signature Lester E. Lee (M. D. ~~or other~~)
Address 1518 Professional Bldg Kemo Date signed 8-1-40

(Licensed Embalmer's Statement on Reverse Side)

Dr. Chester Lee,

Na 4611
230 Lem

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 E. M. Plank

Licensed Embalmer No. 1848

P. O. Address K. C. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.