

FILED MAY 20 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

14220

State File No. \_\_\_\_\_

Registration District No. 149

Primary Registration District No. 5213

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Cass  
(b) City or town Rural - Union  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME ALBERT T. SHIELDS

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

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Elizabeth Ardell Shields 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased SEPT 2 1861  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
79 7 17 hr. min.

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

10. Usual occupation Retired Grocer

11. Industry or business Store

12. Name James Shields

13. Birthplace 1 Ky.  
(City, town, or county) (State or foreign country)

14. Maiden name Janet Payne

15. Birthplace 1 Ky.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Ralph Shields

(b) Address P.R. Belton, Mo.

17. (a) Burial (b) Date thereof Apr. 21, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bryant Cem., Belton, Mo.

18. (a) Signature of funeral director C. K. Seay

(b) Address Belton, Mo.

19. (a) April 22, 41 (b) Geo. Myers  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cass 19  
(c) City or town Rural - Union 0  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location) 0  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 19<sup>th</sup>  
year 1941 hour 5 minute 1 P. M.

21. I hereby certify that I attended the deceased from Dec 10  
1940, to April 19, 1941;  
that I last saw him alive on March 20, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Duration 3 yrs.

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

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

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

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? \_\_\_\_\_

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

23. Signature D. M. Miller (M. D. or other) \_\_\_\_\_

Address Belton, Mo. Date signed 4-21-41

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

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

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**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.....

*A. T. George*

Licensed Embalmer No. *3645*

P. O. Address *Scammon, Md.*

**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.**