

2-40
7-39
K2159

Registration District No. 318

Primary Registration District No. 5440

Registrar's No. 405

FILED JUN 12 1941

1. PLACE OF DEATH: GREENS
 (a) County: GREENS
 (b) City or town: Springfield Rural Campbell
 (c) Name of hospital or institution: Route # 9
 (d) Length of stay: In hospital or institution: 18 years
 In this community: 18 years

3. (a) PRINT FULL NAME: RHODA ELLEN SHIELDS
 3. (b) If veteran, name war: None
 3. (c) Social Security No.: None

4. Sex: Female
 5. Color or race: White
 6. (a) Single, widowed, married, divorced: Widowed
 6. (b) Name of husband or wife: Marion Shields
 6. (c) Age of husband or wife if alive: deceased
 7. Birth date of deceased: October 27 1865

8. AGE: Years 75, Months 6, Days 18, hr. min.

9. Birthplace: Laclede County Missouri

10. Usual occupation: None
 11. Industry or business: None

MOTHER FATHER
 12. Name: No record
 13. Birthplace: No record Unknown
 14. Maiden name: No record
 15. Birthplace: No record Unknown

16. (a) Informant: Mrs. Vera Snider
 (b) Address: Sp. Route # 9 Springfield, Mo

17. (a) Burial
 (b) Date thereof: May 17 1941
 (c) Place: burial or cremation: Conway, Mo.

18. (a) Signature of funeral director: F. C. Plummer
 (b) Address: Springfield, Mo.

19. (a) 5-17-41
 (b) W. E. Handley
 (c) Registrar's signature

2. USUAL RESIDENCE OF DECEASED:
 (a) State: Missouri
 (b) County: Greene 37
 (c) City or town: Rural
 (d) Street No.: Route # 9
 (e) If foreign born, how long in U. S. A.: 0 years

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month May day 15th year 1941 hour 3 A. M.
 21. I hereby certify that I attended the deceased from Feb 15 1941, to May 15 1941, that I last saw her alive on May 12 1941 and that death occurred on the date and hour stated above.

Immediate cause of death: Diabetes mellitus about 2 yrs.

Due to: Kidneys
 Due to: Diabetes Mellitus
 Other conditions: Diabetes Mellitus, left foot

Major findings: None
 Of operations: None
 Of autopsy: No

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?:
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?:

While at work? (Specify type of place) (a) Means of injury:
 Signature: A. F. Ferguson (M. D. or other)
 Address: Springfield, Mo Date signed: 5/15/41

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

