

BUREAU OF THE CENSUS
FILED JAN 21 1943

Registration District No. 360

Primary Registration District No. 6225

Registrar's No. 139

1. PLACE OF DEATH:

(a) County Nevada

(b) City or town Nevada (Hawkington)

(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 14 years (Specify whether years, months or days)

In this community 14 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wagon 108

(c) City or town Nevada "Hual"

(d) Street No. R 7 A 3 (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Fred Shields

3. (b) If veteran, name war None

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 21 year 1942 hour 5 minute 30 A. M.

21. I hereby certify that I attended the deceased from

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Florence Shields

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased Jan 1 1887

21. I hereby certify that I attended the deceased from

that I last saw h..... alive on

and that death occurred on the date and hour stated above.

8. AGE: Years 55 Months 11 Days 20 If less than one day

Immediate cause of death: Fracture of skull
Partial amputation of
legs at thigh

Due to

Due to

9. Birthplace Livingston Co. Missouri

Other conditions (Include pregnancy within 3 months of death) None

10. Usual occupation Hospital Attendant

PHYSICIAN

Underline the cause to which death should be charged statistically.

11. Industry or business State Hospital No. 3

12. Name William K. Shields

13. Birthplace Michigan Kentucky

14. Maiden name Anna Dutton

15. Birthplace Michigan Missouri

16. (a) Informant Florence Shields

(b) Address Nevada, Mo. R 7 A 3

17. (a) Burial (Burial, cremation, or removal) Moore Cemetery (b) Date thereof Dec 1942

(c) Place: burial or cremation Moore Cemetery

18. (a) Signature of funeral director Elizabeth Burkhead

(b) Address Nevada, Mo.

19. (a) Dec. 26, 1942 (b) Elizabeth Burkhead

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence 12-21-42

(c) Where did injury occur? Nevada, Wagon, Mo.

(d) Did injury occur in or about home, on farm, in industrial place, in public place? No

W. Ash, near State Hospital

While at work? hit by car

23. Signature P. Braxton Davis (M. D. or other) Coroner

Address Nevada, Mo. Date signed 12-21-42

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

MOTHER FATHER

251

RECEIVED
District Health Officer No. 71
District File Number 12-42-1508
Date Filed 1-15-43

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..... *[Handwritten Signature]*.....
Licensed Embalmer No. 1760
P. O. Address Nevada, 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, fact should be so stated above,