S. No. 2
M—5-42
v. 5-17-39
P1 X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 21587

FILED JUL 7 1944

Registration District No. _____ Primary Registration District No. 5465 Registrar's No. 541

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Rural, N. Campbell Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Pearl's Nursing Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 week (Specify whether years, months or days) In this community 8 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 504 W. Olive
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME George W. Shields
3. (b) If veteran, name war Unk.
3. (c) Social Security No. Unk.

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Ellen Shields
6. (c) Age of husband or wife if alive Dec years
7. Birth date of deceased August - 30 - 1871 (Month) (Day) (Year)

8. AGE: Years 72 Months 9 Days 28 If less than one day x hr. x min.

9. Birthplace Webster County, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Lineman
11. Industry or business Frisco railroad
FATHER
12. Name Benjamin Shields
13. Birthplace UNK. Unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace UNK. Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Minnie McDonald
(b) Address Osawatomie, Kansas
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-30-'44 (Month) (Day) (Year)
(c) Place: burial or cremation Macedonia
18. (a) Signature of funeral director [illegible]
(b) Address Marshfield, Missouri
19. (a) 6-30-44 (Date received local registrar) (b) D. W. Hundley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28 year 1944 hour 12 minute 40 A.M.

21. I hereby certify that I attended the deceased from 6, 27, 1944, 19..., to 6, 28, 44, 19...; that I last saw him alive on 6, 28, 44, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hemorrhage, cerebral	1 day
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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 J. J. Musick (M. D. or other)
Address Springfield, Mo. Date signed 6, 30, 44

1944 (Licensed Embalmer's Statement on Reverse Side)

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 _____

Licensed Embalmer No. 3512

P. O. Address Marshfield, 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.