

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30456

State File No. _____

FILED SEP 25 1946
Registration District No. 199

Primary Registration District No. 1002

Registrar's No. 3824

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: General Hospital No. 1 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 28 days
(Specify whether years, months or days)

In this community 35 yrs

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. 925 Prospect
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Gerald Shields

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

3. (c) Social Security No. 6739-10-8730

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 10
year 1946 hour 4 minute 15 A. M.

4. Sex Male

5. Color or race White

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

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

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

7. Birth date of deceased Feb - 8 1910
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug. 13 1946 to Sept. 10 1946; that I last saw him alive on Sept. 10 1946; and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>36</u>	<u>7</u>	<u>2</u>	hr. _____ min.

Immediate cause of death Carcinoma of pancreas

Due to _____

Due to _____

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

10. Usual occupation Electric Crane operator

Other conditions 468
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy None

11. Industry or business Aluminum Co. of America

12. Name Ernest G. Shields

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

14. Maiden name Ethel Mitchell

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

16. (a) Informant James Floyd

(b) Address 925 Prospect

17. (a) Burial (b) Date thereof Sept 11-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Hill Cem. R.C.Ps.

18. (a) Signature of funeral director Mr. C. L. Foster

(b) Address 918 Brooklyn R.C.Ps.

19. (a) 9-11-46 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

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) (c) Means of injury _____

23. Signature Wm W Hart (M. D. or other) M.D.
Address Med. Dir. Gen'l Hosp. Date signed 9-10-46

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

D. Cain

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..... *Joe B. Yoder*
Licensed Embalmer No..... *4173*
P. O. Address..... *KC. 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.