V. S. No. 2
00M—8-43
ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30601

FILED SEP 16 1946

Registration District No. 150 Primary Registration District No. 5572 Registrar's No. 130

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Rural Prairie Twp (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Jackson Co. Emergency Hosp. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days (Specify whether

In this community 53 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Cass 19

(c) City or town Pleasant Hill 2 (If outside city or town limits, write "RURAL")

(d) Street No. 0 (If rural, give location)

(e) Citizen of foreign country? 1 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Motie Ortle Shields

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Fe 1

5. Color or race Wh

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

6. (b) Name of husband or wife Ira Thomas Shields

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

7. Birth date of deceased Sept 25 1880 (Month) (Day) (Year)

8. AGE: Years 65 Months 10 Days 22 If less than one day hr. min.

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

10. Usual occupation House Wife

11. Industry or business at Home

FATHER
12. Name M L Gray
13. Birthplace Ky. 1 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Amelia Farris
15. Birthplace Ky. 1 (City, town, or county) (State or foreign country)

16. (a) Informant James Gray - son

(b) Address Pleasant Hill Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-19-46 (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Hill Cem

18. (a) Signature of funeral director J Virgil Henrich

(b) Address Pleasant Hill Mo

19. (a) 8/19/46 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 17 year 1946 hour 3 minute 40 A.M.

21. I hereby certify that I attended the deceased from August 13, 1946, to August 17, 1946, that I last saw her alive on August 17, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Addisons disease Addisons Crisis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 65a	
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 0

23. Signature [illegible] (M. D. or other)

Address Pro plaza Med Bldg Date signed 8/16/46

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(Licensed Embalmer's Statement on Reverse Side)

SEP 24 1946

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 J Virgil Herrick

Licensed Embalmer No. 3599

P. O. Address Pleasant Hill 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.