

17 1940

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

43446
Do not use this space.

1. PLACE OF DEATH

(a) County Grundy 2 Registration District No. 328
 (b) Township _____ Primary Registration District No. 3017 Registered No. _____
 (c) City Trenton 1 (d) Street No. _____ St. _____
 (e) Length of residence in city or town where death occurred 33 yrs. < mos. & ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

James B. Shields
 (a) Residence, No. 1915 Chicago St. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) unmarried
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Koda Beale Shields
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 26 1858
 7. AGE YEARS 81 MONTHS 9 DAYS 6 If LESS than 1 day, hrs. or min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as saw mill, bank, etc. Farmer
 10. Date deceased last worked at this occupation (month and year) Jan 1, 1939 11. Total time (years) spent in this occupation 81
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Decatur Illinois
 FATHER 13. NAME unknown 9
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown 9
 MOTHER 15. MAIDEN NAME unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown
 17. INFORMANT (ADDRESS) James M. Shields 1915 Chicago St, Trenton, Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE 2607 Cemetery Trenton, Mo DATE Dec 4th 1939
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Davis Funeral Home Trenton, Mo
 20. FILED 12-4-39 J. E. Shaw Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 2nd, 1939
 22. I HEREBY CERTIFY, That I attended deceased from Nov 17 1939 to Dec 2 1939
 I last saw him alive on Dec 1st 1939. Death is said to have occurred on the date stated above, at 8:30 a.m.
 The principal cause of death and related causes of importance were as follows:
Coronary Arteriosclerosis
myocardial infarction
arteriosclerosis
 Date of onset 11-17-39
 Other contributory causes of importance:
arteriosclerosis
 Name of operation None Date of _____
 What test confirmed diagnosis? heart Was there an autopsy? No
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury _____
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) J. E. Shaw, M. D.
 (Address) Trenton, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 11;

District File Number JAN 15 1947

Date Filed _____

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 Robert B. Lewis

Registered Apprentice No. 212, working under my personal supervision.

Signed Raymond A. Lewis

Licensed Embalmer No. 3424

P. O. Address Trenton, 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, above space should be left blank.