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23159

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

Registration District No. **398**

Primary Registration District No. **5354**

Registrar's No. **158**

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution 1830 Vassar Vassar  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Shirley Jean Hield

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Female

5. Color or race Wht

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

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased \_\_\_\_\_ (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>16</u>	<u>6</u>	<u>1</u>	hr. _____ min. _____

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

10. Usual occupation Student

11. Industry or business \_\_\_\_\_

12. Name Charles R. Hield

13. Birthplace Jenauille Wisconsin  
(City, town, or county) (State or foreign country)

14. Maiden name Alta Neude Gandel

15. Birthplace Aineville Iowa  
(City, town, or county) (State or foreign country)

16. (a) Informant Charles R. Hield

(b) Address 1830 Vassar

17. (a) Burial (b) Date thereof June 9 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Grove

18. (a) Signature of funeral director Loate & Speck

(b) Address Independence Mo

19. (a) June 9 1941 (b) F. L. BOOR  
(Date received local registry) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Independence  
(If outside city or town limits, write "RURAL")

(d) Street No. 1830 Vassar  
(If rural, give location)

(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8th  
year 1941 hour 4 minute 4 M.

21. I hereby certify that I attended the deceased from November 5th to June 8, 1941;  
that I last saw her alive on June 7, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
<u>Asphyxiation</u>	
<u>Epilepsy</u>	<u>Since birth</u>
Other conditions (Include pregnancy within 3 months of death)	
<u>85</u>	

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? 360

While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature Chas. H. Drake (M. D. or other) \_\_\_\_\_  
Address Independence Mo Date signed 6/9/41

**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 me

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

Signed Roland J. Peak

Licensed Embalmer No. 3604

P. O. Address Independence

**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.**