No. 2
1-4-41
17-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 14 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34351

Registration District No. 85 — Primary Registration District No. 1001 — Registrar's No. 1021

1. PLACE OF DEATH:
(a) County: Buchanan
(b) City or town: St. Joseph, (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1602 Jules St. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: None (Specify whether years, months or days)
In this community: 50 years.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Buchanan
(c) City or town: St. Joseph (If outside city or town limits, write "RURAL")
(d) Street No.: 1602 Jules St. (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Patrick Henry Shields
3. (b) If veteran, name war: None
3. (c) Social Security No.: None
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Catherine Shields
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: October (Month) 17 (Day) 1874 (Year)
8. AGE: Years 67, Months 0, Days 6; If less than one day: hr. min.
9. Birthplace: Unknown (City, town, or county) Ireland (State or foreign country)
10. Usual occupation: Retired Grocer
11. Industry or business: Grocery Store
FATHER
12. Name: Frank Shields
13. Birthplace: Unknown (City, town, or county) Ireland (State or foreign country)
MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country)
16. (a) Informant: Miss. Blanche Shields
(b) Address: 1602 Jules St. St. Joseph, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Oct. 27, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Olivet Cemetery
18. (a) Signature of funeral director: Herman W. Siebenfaker
(b) Address: 1802 Union Str. St. Joseph, Mo.
19. (a) Oct 27, 1941 (Date received local registrar) (b) [signature] (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 23 year 1941 hour 4 minute 50 P.M.
21. I hereby certify that I attended the deceased from 9.26.41, 19.. to 10.23.41, 19.. that I last saw him alive on 10.23.41, 19.. and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchopneumonia	4 hrs.
Due to: Myocardial degeneration	6 wks
Due to:	
Other conditions: 0 (Include pregnancy within 3 months of death)	
Major findings: Of operations: 0	
Of autopsy: 0	

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): 0
(b) Date of occurrence: 0
(c) Where did injury occur? (City or town) (County) (State): 0
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place): 0
While at work? 0 Means of injury: 0
23. Signature: [signature] (M. D. or other) M.D.
Address: St. Joseph Mo. Date signed: 10.24.41

(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 Elbert C. Harrington

Licensed Embalmer No. 3258

P. O. Address St. Joseph, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.