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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

38660

State File No. ....

FILED DEC 11 1941

Registration District No. 461

Primary Registration District No. 3024

Registrar's No. 73

1. PLACE OF DEATH:

(a) County Lafayette  
 (b) City or town Lafayette  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: City  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution Life  
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Lafayette  
 (c) City or town Lafayette  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. City  
 (If rural, give location)  
 (e) Citizen of foreign country? 0 (Yes or No)  
 If yes, name country: .....

3. (a) PRINT FULL NAME Lester Dean Shields

3. (b) If veteran, name war: - 3. (c) Social Security No. -

4. Sex M.U. 5. Color or race W 6. (a) Single, widowed, married, divorced SO

6. (b) Name of husband or wife: .....

7. Birth date of deceased: Nov. 14 1941  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
- - 2 hr. min.

9. Birthplace: Lafayette Mo  
 (City, town, or county) (State or foreign country)

10. Usual occupation: .....

11. Industry or business: .....

12. Name Raymond Shields

13. Birthplace Benton Co. Mo  
 (City, town or county) (State or foreign country)

14. Maiden name Margaret M. Carlock

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

16. (a) Informant Raymond Shields

(b) Address Lafayette Mo

17. (a) Removal (b) Date thereof 11-17-41  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Albany Mo

18. (a) Signature of funeral director Winkler

(b) Address Lafayette Mo

19. (a) 12/6/41 (b) Wesley Bates  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 16  
 year 1941 hour 11 minute A M.

21. I hereby certify that I attended the deceased from Nov. 14 1941 to Nov. 16 1941  
 that I last saw him alive on Nov. 16 1941  
 and that death occurred on the date and hour stated above.

Immediate cause of death: Prematurity

Due to: .....

Due to: .....

Other conditions: .....

(Include pregnancy within 3 months of death) 159

Major findings: 159

Of operations: .....

Of autopsy: .....

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) (e) Means of injury 0

23. Signature J. S. Cape (M. D. or other) MD

Address Lafayette Mo Date signed 12/6/41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

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RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 12-10-41.....

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.....

*Not Embalmed.*

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.

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