

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

7132

State File No. _____

Registration District No. 4-57-470

Primary Registration District No. 3633

Registrar's No. 21

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Mt. Vernon Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri State San
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howard
(c) City or town Fayette
(If outside city or town limits, write "RURAL")
(d) Street No. 408 no. Vine
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Darwin Leroy Shields

3. (b) If veteran, name war no
3. (c) Social Security No. 489-16-1518

4. Sex Males 5. Color of race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Ruth Jones Shields 6. (c) Age of husband or wife if alive 27 years
7. Birth date of deceased Dec 7 1911
(Month) (Day) (Year)

8. AGE: Years 30 Months 1 Days 24
If less than one day hr. min.

9. Birthplace Mountain Grove Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Meat Cutter

11. Industry or business Food Store

12. Name Charles F. Shields

13. Birthplace Mountain Grove Mo
(City, town, or county) (State or foreign country)

14. Maiden name M. Elizabeth Brumley

15. Birthplace Mountain Grove Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Emi. Michael Record Clerk

(b) Address Missouri State San

17. (a) Removal (b) Date thereof 2-1-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fayette Mo

18. (a) Signature of funeral director Sub. J. Valley

(b) Address Fayette Mo

19. (a) 2/1/42 (b) Andy Ernsford
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 1st
year 1942 hour 6:05 minute 2 M.

21. I hereby certify that I attended the deceased from Jan. 21 1942 to Feb 1 1942
that I last saw him alive on Jan 31 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tbc. Abt 1 yr
Duration _____

Due to _____

Due to _____

Other conditions 13 b 1
(Include pregnancy within 3 months of death)

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? _____

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

23. Signature James C. Brock (M. D. or other) MD

Address Mt. Vernon Mo Date signed 2-1-42

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

3-00

D

1182 not embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 6,

District File Number 342-367

Date Filed MAR 12 1942

JUN 25 1953

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.....

.....
working under my personal supervision.

Registered Apprentice No.....

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.