

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City Kaw Samskip
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 311 Brush Creek Bldg
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
In this community 50 years, months or days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 47
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 311 Brush Creek Bldg 8
(If rural, give location)
(e) Citizen of foreign country? → (Yes or No)
If yes, name country →

3. (a) PRINT FULL NAME Mrs Fannie R. Shields
3. (b) If veteran, name war → no 3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month October day 7
year 1944 hour 4 minute 15 P.M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife Thomas R Shields 6. (c) Age of husband or wife if alive → years
7. Birth date of deceased May 1870
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 7/2/44
19→, to 10/7/44, 19→;
that I last saw her alive on 10/7, 1944
and that death occurred on the date and hour stated above.
Immediate cause of death Carcinomatosis Duration 6 mos

8. AGE: Years 74 Months 5 Days 0 If less than one day hr. → min.

Due to Cancer of the Colon Intest.
Due to →

9. Birthplace Lexington, Mo. (City, town, or county) (State or foreign country)
10. Usual occupation House Wife

Other conditions (Include pregnancy within 3 months of death) None
Major findings: Same as above
Of operations →
Of autopsy →

11. Industry or business →
12. Name James Jones
13. Birthplace Georgetown, Ky
(City, town, or county) (State or foreign country)
14. Maiden name Mary M. Chaney Jones
15. Birthplace Ca. Frolaton, Mo.
(City, town, or county) (State or foreign country)

PHYSICIAN →
Underline the cause to which death should be charged statistically.

16. (a) Informant Frances Shields
(b) Address 311 Brush Creek, K.C., Mo.
17. (a) Burial (b) Date thereof Oct 10 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

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? _____

(c) Place: burial or cremation MT Washington
18. (a) Signature of funeral director W. Mitchell
(b) Address 310 North Main St. Independence, Mo.
19. (a) 10-9-44 (b) P. E. Brown
(Date received local registrar) (Registrar's signature)

(Specify type of place)
While at work? _____ (c) Means of injury →
23. Signature Edward V. Lewis (M. D. or other) _____
Address Play, West Hill, K.C., Mo. Date signed 10/9/44

MAY 28 1952

MAY 8 1945

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

Henry H. Mitchell

Licensed Embalmer No. 3925

P. O. Address Indep. 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, fact should be so stated above.