

FILED OCT 24 1944

Registration District No. **149**

Primary Registration District No. **1002**

Registrar's No. **3966**

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

1. PLACE OF DEATH:

(a) County **Jackson**  
 (b) City or town **Kansas City, Mo.**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**General Hospital**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **6 hours**  
(Specify whether)  
 In this community **19 years**  
years, months or days

3. (a) PRINT FULL NAME **Mrs. Madge A. Shields**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **none**

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Fred H. Shields** 6. (c) Age of husband or wife if alive **25** years

7. Birth date of deceased **Jan. 27, 1925**  
(Month) (Day) (Year)

8. AGE: Years **19** Months **8** Days **4** If less than one day  
hr. min.

9. Birthplace **Kansas City Mo.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **At Home**

12. Name **Richard G. Neil**

13. Birthplace **Kansas City, Mo.**  
(City, town, or county) (State or foreign country)

14. Maiden name **Luocinda Dempsey**

15. Birthplace **Kansas City Mo.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Fred H. Shields**

(b) Address **1701 East 8th St. K.C. Mo.**

17. (a) **Burial** (b) Date thereof **Oct. 4-44**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Green Lawn Cemetery**

18. (a) Signature of funeral director **Sheil Funeral Home**

(b) Address **6606 Indep. Ave. K.C. Mo.**

19. (a) **10-3-44** (b) **D. E. Brown**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson 48**  
 (c) City or town **Kansas City, Mo.**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **1701 E. 8th St**  
(If rural, give location)  
 (e) Citizen of foreign country? **No** (Yes or No)  
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **1**  
 year **1944** hour **4:25** minute **0** M.

21. I hereby certify that I attended the deceased from **Deputy Coroner** to **Coroner**, 19\_\_\_\_;  
 that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

**Acute Circulatory Failure**

Due to **Convulsive Seizures**

Due to **Toxemia of Pregnancy**

**(7 months pregnancy)**

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings **144 a**  
 Of operations **deliberary**

PHYSICIAN

Of autopsy **See above**  
 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? \_\_\_\_\_ Means of injury **0**

23. Signature **A. E. Upsher** (M. D. or other) **MS**

Address **23rd & Mc Coy** Date signed **10/1/44**

**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 John P. Shue  
Licensed Embalmer No. 3625  
P. O. Address K 6 40

**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.**