

FILED APR 23 1945

Registration District No. 221

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5855

State File No. 10146

Registrar's No. 43

1. PLACE OF DEATH:

(a) County Nodaway
(b) City or town Maryville (Rural-White Cloud)
(c) Name of hospital or institution: 8 miles south
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 17 years (Specify whether years, months or days)
In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway
(c) City or town Maryville (Rural)
(d) Street No. 8 miles south
(If rural, give location)
(e) Citizen of foreign country? () (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Marcella Shields

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

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Ransom Shields 6. (c) Age of husband or wife if alive 81 years

7. Birth date of deceased: February 5, 1867
(Month) (Day) (Year)

8. AGE: Years 78 Months 0 Days 29 If less than one day _____ hr. _____ min.

9. Birthplace Andrew County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Thomas Warner
13. Birthplace unknown
(City, town, or county) (State or foreign country)
14. Maiden name Mary Radgett
15. Birthplace Quincy, Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant Ransom Shields
(b) Address Maryville, Mo.

17. (a) burial (b) Date thereof 3-6-45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation: Waitland Cemetery

18. (a) Signature of funeral director: Price Funeral Home
(b) Address Maryville Mo

19. (a) 3-6-45 (b) Lily Barber
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 3
year 1945 hour 5 minute 30 P. M.

21. I hereby certify that I attended the deceased from not
attended, 19____, to _____, 19____;
that I last saw him _____ alive on not seen _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Unknown
found in yard.
Probably heart failure

Due to Arteriosclerosis

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: none
Of operations _____
Of autopsy none

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) No External Causes
(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) (c) Means of injury _____

23. Signature L E Dean (Coroner)
Address Maryville Mo Date signed 3-9-45

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

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

74
0
6

74
4
6

1547

MAY 21 1948

21

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 W. Price*
Licensed Embalmer No. *4281*
P. O. Address..... *Maryville 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.