

FILED FEB 15 1946

State File No. 3374

Registration District No. 210

Primary Registration District No. 4321

Registrar's No. 8

1. PLACE OF DEATH:
 (a) County Mercer
 (b) City or town Mercer
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)
 In this community 72 yrs. 11 months 21 days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County Mercer
 (c) City or town Mercer
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Louie May Shields
 3. (b) If veteran, name war _____ 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Jan. day 26
 year 1946 hour 12 minute 10 a.m.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Ashley Shields 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Feb. 5 1873
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 20 1946 to Jan 20 1946
 that I last saw her alive on Jan 20 1946
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
72 11 21 hr. min.

Immediate cause of death
Cancer of stomach

9. Birthplace Mercer Co. Mo.
(City, town, or county) (State or foreign country)

Due to _____
 Due to _____

10. Usual occupation Housekeeper

Other conditions (include pregnancy within 3 months of death)

11. Industry or business Own Home

Major findings: Of operations 46b
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

12. Name Nathan Mitchell

13. Birthplace Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Mary C. Melton

15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Marley Shields
 (b) Address Mercer Mo.

17. (a) Burial (b) Date thereof Jan. 27/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Middle Point Cemetery

18. (a) Signature of funeral director O. B. Grunke
 (b) Address Lineville Iowa

19. (a) 2-1-46 (b) Evan Martin
(Date received local registrar) (Registrar's signature)

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)
 (c) Means of injury _____

23. Signature [Signature] (M. D. or other)
 Address Mercer Mo. Date signed 1/29/46

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

DISTRICT HEALTH OFFICE
Cameron, Mo.

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

James L. Greenlee

Licensed Embalmer No.

3967

P. O. Address

Linnville, 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.