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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 15 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5652**
Registrar's No. **55**

Registration District No. **251** Primary Registration District No. **5855**

1. PLACE OF DEATH:
(a) County **Nodaway**
(b) City or town **White Cloud** rural
(c) Name of hospital or institution:
8 miles south of Maryville
(d) Length of stay: In hospital or institution **life**
In this community **life** years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Nodaway**
(c) City or town **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 **Ransom A. Shields**
3. (b) If veteran, name war
3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Feb.** day **28**
year **1948** hour **11** minute **45** A.M.

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **W**
6. (b) Name of husband or wife **Marcella Warner**
6. (c) Age of husband or wife if alive years
7. Birth date of deceased **Feb. 12 1864**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Jan 21 1948** to **Feb. 28 1948**
that I last saw him alive on **Feb. 28 1948**
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
84 0 16 hr. min.

Immediate cause of death **Nephritis, interstitial, chronic**
Due to **Cardio-Vascular-renal syndrome** years

9. Birthplace **Salem Indiana**
(City, town, or county) (State or foreign country)
10. Usual occupation **Farmer**

Other conditions **none**
(Include pregnancy within 3 months of death)

11. Industry or business
12. Name **William Shields**
13. Birthplace **Salem, Indiana**
14. Maiden name **Elizabeth Goodson**
15. Birthplace **Keokuk Iowa**

Major findings: **not made**
Of operations
Of autopsy **not had**
PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant **Mrs. Frank Helzer**
(b) Address **Maryville, Missouri**
17. (a) **burial** (b) Date thereof **3/3/48**
(c) Place: burial or cremation **Maitland**

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

18. (a) Signature of funeral director **Price Funeral Home**
(b) Address **Maryville, Missouri**
19. (a) **3-6-48** (b) **Bess Holt**
(Date received local registrar) (Registrar's signature)

23. Signature **Chas. D. Hubbard** (M. D.)
Address **Barnard, Mo.** Date signed **3/27/48**

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

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MAY 10 1948

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 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.