

FILED FEB 11 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1361
13636

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. LENGTH OF STAY (in this place) <u>2 1/2 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		d. STREET ADDRESS (If rural, give location) <u>1606 1/2 Lydia Avenue - rear</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>GENERAL HOSPITAL #2</u>				d. STREET ADDRESS (If rural, give location)				
3. NAME OF DECEASED (Type or Print) a. (First) <u>JESSE</u> b. (Middle) <u>B</u> c. (Last) <u>SHIELDS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JANUARY 20 1950</u>					
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>NEGRO</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>APRIL 23 1895</u>		
9. AGE (In years last birthday) <u>56</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 4 HRS. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER (BLIND)</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>FAYETTE, MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>WILSON SHIELDS</u>			13b. MOTHER'S MAIDEN NAME <u>LUELLA</u>			14. NAME OF HUSBAND OR WIFE <u>NANNIE MASON SHIELDS</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>NANNIE M. SHIELDS 1606 1/2 Lydia - rear</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.								
MEDICAL CERTIFICATION								
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>PYELONEPHRITIS</u>								
ANTECEDENT CAUSES DUE TO (b) <u>HYDRONEPHROSIS</u>								
DUE TO (c) <u>BENIGN HYPERTROPHY OF PROSTATE</u>								
II. OTHER SIGNIFICANT CONDITIONS <u>UREMIA (CLINICAL)</u>								
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>610X</u>					20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <u>1-18-</u> , 19 <u>50</u> , to <u>1-20-</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>1-20-</u> , 19 <u>50</u> and that death occurred at _____ m., from the causes and on the date stated above.								
23. SIGNATURE <u>Frank Ellis</u> (Degree or title)				23b. ADDRESS <u>600 East 22nd Street</u>		23c. DATE SIGNED <u>1-21-50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>1/23/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lincoln</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>1-23-50</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Walter Davis 1513 Troost.</u>			

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

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *C. L. Davis*.....

Licensed Embalmer No. 4417.....

P. O. Address 790 C. 2nd.....

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.