

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DEC'D AUG 11 1938

25617  
Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 411  
 (b) Township Salina Primary Registration District No. 2002 Registered No. \_\_\_\_\_  
 (c) City Joplin, Mo. (d) Street No. St. Johns Hospital St. \_\_\_\_\_  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if a foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Mrs Jess Shepherd (Dessie Shepherd)  
 (a) Residence, No. Pitcher, Oklahoma (b) Picher, Okla. St. \_\_\_\_\_  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-22-1938

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mr. Jess Shepherd

22. I HEREBY CERTIFY, That I attended deceased from Dec 13-1937 to 7-22-1938

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 3, 1895

I last saw her alive on 7-22-1938 Death is said to have occurred on the date stated above, at 12 noon

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 43 43 3 19

The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Wife  
 9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

Encephalitis  
 Date of onset 7-1-38

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Reine, Mo.

Other contributory causes of importance:  
Ruptured ectopic (tubal) pregnancy 12/13/37 - Medial fistula

FATHER 13. NAME Ed Hensford

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

MOTHER 15. MAIDEN NAME Ellen Gilstrap

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT Jess Shepherd (ADDRESS) Hockerville, Okla.

18. BURIAL, CREMATION, OR REMOVAL PLACE Burkhart, Reine Mo. DATE 7/24/38

19. FUNERAL DIRECTOR Durnil Funeral Home (ADDRESS) Reine, Okla.

20. FILED 7-27-38 Ed J. James Local Registrar. 1372

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_ (Signed) Orville Shaw, M. D.  
 (Address) Joplin, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E. ....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

**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.)**