

DEC 3 JAN 24 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

43810
Do not use this space.

1. PLACE OF DEATH **Mississippi 2**
 (a) County **Long Prairie 1** Registration District No. **576**
 (b) Township **Charleston, 1** Primary Registration District No. **5767** Registered No. **148**
 (c) City..... (d) Street No..... 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 of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **James Arch Shepard**
 (a) Residence, No. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Ella Shepard**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 4, 1873**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 5 27

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Retired Farmer**
 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 **life**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Harden County, Tenn**

FATHER 13. NAME **John Shepard,**
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Tenn**

MOTHER 15. MAIDEN NAME **Deany Austin,**
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Tenn**

17. INFORMANT (ADDRESS) **Norman Shepard, Charleston, Mo. RFD**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Charleston, Mo IOOF Cemetery 38**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **Nunnelee Funeral Home Charleston, Missouri**

20. FILED **Jan 1st 39 F. S. Venn Local Registrar.**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **12/31**, 19 **38**

22. HEREBY CERTIFY, That I attended deceased from **Nov 30 38**, to **Dec 31**, 19 **38**
 I last saw h. **IM** alive on **Dec 31**, 19 **38** Death is said to have occurred on the date stated above, at **11:30pm**
 The principal cause of death and related causes of importance were as follows:
Cerebrovascular Renal Disease **D.K.**
131
 Other contributory causes of importance: **Cerebral hemorrhage 3 yrs**

Date of onset

Name of operation **none** Date of.....
 What test confirmed diagnosis? **SP. Thio** Was there an autopsy? **no**

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? **no**
 If so, specify.....
 (Signed) **E. Cheskolinsky, M. D.**
 (Address) **Charleston, Mo.**

WRITE PLAINLY, WITH OUTFIELDING INSTRUMENTS TO A UNIFORM STANDARD
 N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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,

John F. Nunnelee Jr

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

John F. Nunnelee Jr

Licensed Embalmer No.....

3851

P. O. Address.....

Charleston, 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, above space should be left blank.