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.

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

40308
Do not use this space.

1. PLACE OF DEATH
(a) County Monroe. 2 Registration District No. 581
(b) Township 1 Primary Registration District No. 4343 Registered No. 36
(c) or City Monroe City. (d) Street No. 427 Stoddard 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 3 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 163 Virgina Jeanette Shepard.
(a) Residence, No. 427 - Stoddard 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

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Urial Shepard.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 2 - 1852
7. AGE: YEARS 87 MONTHS — DAYS 22 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None -
9. Industry or business in which work was done, as saw mill, bank, etc. At Home -
10. Date deceased last worked at this occupation (month and year) ✓
11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ralls Co. Missiouri 0

FATHER
13. NAME: Hurt Yeager. 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Virginia 1

MOTHER
15. MAIDEN NAME: Lucindia Finks.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Virginia

17. INFORMANT (ADDRESS): Jemima Adams Monroe City Mo.
18. BURIAL, CREMATION, OR REMOVAL: PLACE Bethelham Cemetary Ralls Co. DATE Nov. 25th 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Wilson & Son. Monroe City Mo.
20. FILED 11/24 1939 W. D. Pipkin Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov. 23rd 1939

22. I HEREBY CERTIFY, That I attended deceased from November 21, 1939, to November 23, 1939
I last saw her alive on November 21, 1939. Death is said to have occurred on the date stated above, at 9:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	11-21-39

Other contributory causes of importance:

Name of operation ✓ Date of
What test confirmed diagnosis? Physical Findings 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) [signature], M. D.
(Address) Monroe City Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 12-39-2094
Date Filed DEC 7 1939

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 Leslie L Nelson

Licensed Embalmer No. 3014

P. O. Address Monroe City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.