

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **19179**  
Registrar's No. **40**

Registration District No. **653**

Primary Registration District No. **2864**

78

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

**1. PLACE OF DEATH:**  
(a) County Pemissot  
(b) City or town Pural  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community about 13 years  
years, months or days

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State Missouri (b) County Pemissot  
(c) City or town Pural  
(d) Street No. Route 1, Box 329, Haysite, Mo.  
(e) If foreign born, how long in U. S. A.?

**3. (a) PRINT FULL NAME** Ida Sheppard 163  
**3. (b) If veteran, name** X no **3. (c) Social Security No.** none  
**4. Sex** Female **5. Color or race** White  
**6. (b) Name of husband or wife** J. J. Sheppard **6. (c) Age of husband or wife if alive** 68 years  
**7. Birth date of deceased** March 7, 1874

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month April day 18  
year 1940 hour 3 minute 15 A.M.  
**21. I hereby certify that I attended the deceased from** Jan-1938  
to Apr 18, 1940  
that I last saw her alive on 4/18 and that death occurred on the date and hour stated above.

**8. AGE:** Years 66 Months 1 Days 10  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Hypertrophy of heart  
Due to Diabetes - 3 yrs.  
Other conditions 54  
(Include pregnancy within 3 months of death)

**9. Birthplace** Tennessee  
**10. Usual occupation** housework  
**11. Industry or business** at home  
**12. Name** J. V. Pilgrim  
**13. Birthplace** Dont know  
**14. Maiden name** Martha  
**15. Birthplace** Dont know

Major findings: None  
Of operations \_\_\_\_\_  
Of autopsy No  
**PHYSICIAN**  
Underline the cause to which death should be charged statistically.

**16. (a) Informant** J. D. Sheppard  
**(b) Address** Haysite, Mo R-1, Box 329  
**17. (a) Burial, cremation, or removal** Burial **(b) Date thereof** 4/19/40  
**(c) Place: burial or cremation** Dyersburg, Tenn.  
**18. (a) Signature of funeral director** Ray Subberry  
**(b) Address** Halls, Tennessee  
**19. (a) Date received local registrar** 5/11/40 **(b) Registrar's signature** Earl Kelley

**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?  
**23. Signature** L. D. Denton (M. D. or other) Druggapoco-Mo  
Address \_\_\_\_\_ date signed \_\_\_\_\_

6-40-90

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**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 \_\_\_\_\_

*Not embalmed*

Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

**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.**