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17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **35223**

Registration District No. **288** Primary Registration District No. **4172** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:  
(a) County Dunklin  
(b) City or town 712 Olive St Kennett Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(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 \_\_\_\_\_ (Specify whether  
In this community forty four years (Specify whether  
years, months or days)

3. (a) PRINT FULL NAME Albert Earnest Shepard  
3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. 41-16-1050

4. Sex male 5. Color or race white  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Wenner J. Shepard  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased 10 Oct 16 1886  
(Month) (Day) (Year)

8. AGE: Years 54 Months \_\_\_\_\_ Days 15 If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Mo (City, town, or county) (State or foreign country)

10. Usual occupation W.P.A. Laborer

11. Industry or business \_\_\_\_\_

12. Name William Shepard

13. Birthplace Dunklin Mo (City, town, or county) (State or foreign country)

14. Maiden name Mary Harrell

15. Birthplace Dunklin Mo (City, town, or county) (State or foreign country)

16. (a) Informant William Shepard

(b) Address 712 Olive St Kennett Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-4-40  
(Month) (Day) (Year)

(c) Place: burial or cremation Logan Cem

18. (a) Signature of funeral director John W. ...  
(b) Address Kennett Mo

19. (a) 11-9-40 (Date received local registrar) (b) Whitcomb (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County Dunklin  
(c) City or town 712 Olive St Kennett Mo  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV day 2  
year 1940 hour 1 minute 0 P. M.  
21. I hereby certify that I attended the deceased from NOV  
1, 1940, to NOV 2, 1940

that I last saw him alive on NOV 2, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Congestive Heart failure  
Due to Acute malnutrition

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 38

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration  
2 days  
2 weeks  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
261 (Specify type of place)

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature Paul Baldwin (M. D. or other) 11/2/40  
Address Kennett Mo Date signed 11-2-40

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

MOTHER FATHER

RECEIVED

District Health Officer No. \_\_\_\_\_

District File Number 140-171

Date Filed 11/14/40

**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

*A. O. Lunsdell*

Licensed Embalmer No. 818

P.O. Address Kennett 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, fact should be so stated above.**