2
-40
39
23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1614

Registration District No. 26 Primary Registration District No. 3002 Registrar's No. 7

1. PLACE OF DEATH:
(a) County Audrain
(b) City or town Mexico
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Audrain County 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community 1 day years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Audrain 4
(c) City or town Centralia 0
(If outside city or town limits, write "RURAL")
(d) Street No. R.F.D. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME OGDEN DAYTON SHEPHERD
3. (b) If veteran, name war No
3. (c) Social Security No. NONE
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Minnie Grace Shepherd
6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased 10 (Month) 29 (Day) 1873 (Year)

8. AGE: Years 67 Months 2 Days 19 If less than one day hr. min.

9. Birthplace Hamilton Del. R.F.D. (City, town, or county) (State or foreign country)
10. Usual occupation Farmer.
11. Industry or business Farming
FATHER
12. Name Wm. H. Shepherd.
13. Birthplace ~~[illegible]~~ Virginia (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Ruth Bassett
15. Birthplace unknown 0 (City, town, or county) (State or foreign country)
16. (a) Informant Mrs O.D. Shepherd
(b) Address Centralia Mo R.F.D.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 (Month) 21 (Day) 41 (Year)
(c) Place: burial or cremation Hamilton Del
18. (a) Signature of funeral director [illegible]
(b) Address Centralia Mo
19. (a) January 21-1941 (Date received local registrar) (b) Blanche Neely (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 18 year 1941 hour 9:50 minute P M.
21. I hereby certify that I attended the deceased from Jan 18, 1941, to Jan 18, 1941; that I last saw him alive on Jan 18, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Uremia	
Due to Chronic Nephritis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations none
Of autopsy none

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) no
(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? no (Specify type of place)
While at work? no (e) Means of injury no

23. Signature H C Brushear (M. D. or other) MD
Address Mexico Mo Date signed 1/18/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 2-41-438
Date Filed ~~FEB 13 1941~~

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 M. J. McDonald

Licensed Embalmer No. 2589

P. O. Address Centralia M

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

If this body is not embalmed, fact should be so stated above.