FILED FEB 14 1941

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

2700
Do not use this space.

1. PLACE OF DEATH
(a) County Henry — Registration District No. 347
(b) Township Clinton — Primary Registration District No. 3018 — Registered No.
(c) City Clinton — (d) Street No. 1 — 47 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 35 yrs. mos. ds. (f) How long in U. S., if of foreign birth? 1 yrs. mos. ds.

2. PRINT FULL NAME James Thomas Shepard 2
(a) Residence, No. 108 E Wilson 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married 1
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Ruth Shepard
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 12-19-1890
7. AGE: YEARS 50 — MONTHS 0 — DAYS 15 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Produce Dealer
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: 23

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Litchfield Ill 1

FATHER
13. NAME: Wm Shepard
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Lebanon Ill 1

MOTHER
15. MAIDEN NAME: Elizabeth Bruening
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Lebanon Ill 1

17. INFORMANT (ADDRESS): Ed Shepard Clinton Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Englewood Cem DATE 1-6 1941
19. FUNERAL DIRECTOR (ADDRESS): Fred Wilkinson Clinton Mo
20. FILED 1-8- 1941 Dr. J. R. Hampton Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan. 4, 1941
22. I HEREBY CERTIFY, That I attended deceased from ....., 1939, to Jan 4, 1941
I last saw him alive on Jan 3, 1941. Death is said to have occurred on the date stated above, at 7:00 A.m.
The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis — Date of onset

94 P

Other contributory causes of importance:
Arterial Sclerosis
Hyper Tension

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

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? .....
If so, specify .....
(Signed) Geo S Wetzel 2 M.D.
312 (Address) Clinton Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

I X12004

RECEIVED
District Health Officer No. 7
District File Number 2-41-276
Date Filed 2-7-41

STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed Fred Wilkinson

Licensed Embalmer No. 2478

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.)