o. 2
13-40
7-39
X23159

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

FILED MAY 23 1941

15545

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 696 Primary Registration District No. 4418 Registrar's No. 11

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

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Platte 83
(c) City or town: Platte City 0
(If outside city or town limits, write "RURAL") 0
(d) Street No.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME: LEE SHEPARD

3. (b) If veteran, name war:

3. (c) Social Security No.: none

4. Sex: Male 2 5. Color or race: Negro 6. (a) Single, widowed, married, divorced: Married 1

6. (b) Name of husband or wife: Mary B. Beatty.

6. (c) Age of husband or wife if alive: 65 years

7. Birth date of deceased: February (Month) 1 (Day) 1870 (Year)

8. AGE: Years	Months	Days	If less than one day
71	2	20	hr. min.

9. Birthplace: Platte County (City, town, or county) Missouri (State or foreign country) 1

10. Usual occupation: Laborer

11. Industry or business:

FATHER
12. Name: no record
13. Birthplace: no record (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name: no record
15. Birthplace: no record (City, town, or county) 9 (State or foreign country)

16. (a) Informant: Mary Beatty Shepard
(b) Address: Platte City, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4-24-1941 (Month) (Day) (Year)
(c) Place: burial or cremation: Platte City Cemetery

18. (a) Signature of funeral director: L. G. Rollins
(b) Address: Platte City, Missouri

19. (a) 4-25-1941 (Date received local registrar) (b) Mrs Francis E Murray (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: April day: 21st.
year: 1941 hour: 8th minute: 20th P.M.

21. I hereby certify that I attended the deceased from April 17th, 19 41, to April 21, 19 41; that I last saw him alive on April 21, 19 41; and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage — Duration 3 days.

Due to: Hypertension

Due to:

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

Major findings:
Of operations:
Of autopsy:

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? 6
While at work? (Specify type of place) (e) Means of injury: 2

23. Signature: [illegible] (M. D.)
Address: Platte City Mo. Date signed: 4/22/41

(Licensed Embalmer's Statement on Reverse Side)

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~~ E. Benjamin Cast, Registered Apprentice No. ..... working under my personal supervision.

Signed E. Benjamin Cast

Licensed Embalmer No. 4059

P. O. Address Platte City, Mo

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

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