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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 10 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

19590 17293

State File No.

Registration District No. 85 Primary Registration District No. 1001 Registrar's No. 536

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 322 N.5th.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 79 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Buchanan

(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")

(d) Street No. 322 N.5th.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME MARY SHEPHERD

3. (b) If veteran, name war none

3. (c) Social Security No none

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife James W. Shepherd

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

7. Birth date of deceased Mar. (Month) 9th. (Day) 1862 (Year)

8. AGE: Years 79 Months 2 Days 11 If less than one day hr. min.

9. Birthplace Buchanan County (City, town, or county) Mo (State or foreign country) 0

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Sylvester Hammy
13. Birthplace Unknown (City, town, or county) Switzerland (State or foreign country)

MOTHER
14. Maiden name Fenie Kember
15. Birthplace Unknown (City, town, or county) Germany (State or foreign country)

16. (a) Informant Mrs. E.E.Shepherd
(b) Address R.R.#6 St.Joseph,Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5--22--41 (Month) (Day) (Year)
(c) Place: burial or cremation KingHill Cemetery

18. (a) Signature of funeral director FLEEMAN & SON INC.
(b) Address St. Joseph,Mo.

19. (a) 5-22-1941 (Date received local registrar) (b) H. J. Nestlebush (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 20th.
year 1941 hour 11 minute 30 P M.

21. I hereby certify that I attended the deceased from 2-20-, 1941, to 5-20-, 1941,
that I last saw her alive on 5-19-, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Heart Block - (Endocarditis)

Due to cerebral apoplexy - Cheyne Strake -

Due to Heart paralysis -

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

Major findings:
Of operations ✓

Of autopsy Physical - None

Duration

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? ✓ (Specify type of place)
85
While at work? ✓ (e) Means of injury ✓

23. Signature B B Simmons (M. D. or other) M.D.
Address St Joseph Mo Date signed 5/22/41

(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~~ .....

..... ~~Registered Apprentice No.~~ .....

working under my personal supervision.

Signed Carl W. Wanse

Licensed Embalmer No. 3955

P. O. Address St. Joseph, M

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

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