

Registration District No. 689

Primary Registration District No. 3033

Registrar's No. _____

1. PLACE OF DEATH:

(a) County PIKE
(b) City or town LOUISIANA
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 211 FRANKFORD RD.
(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) ABOUT 60 YEARS

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County PIKE 82
(c) City or town LOUISIANA
(If outside city or town limits, write "RURAL")
(d) Street No. 211 FRANKFORD RD
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME HARRIET LUCINDA SHEPHERD

8. (b) If veteran, name, war _____ 3. (c) Social Security No. _____

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife HENRY C. SHEPHERD 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased AUGUST 8 1859
(Month) (Day) (Year)

8. AGE: Years 83 Months 9 Days 24 If less than one day hr. _____ min. _____

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

10. Usual occupation HOUSEWIFE

11. Industry or business _____
12. Name JOHN CORBIN
13. Birthplace UNKNOWN ?
(City, town, or county) (State or foreign country)
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN ?
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Cecil Shepherd
(b) Address Kansas City, MO
17. (a) BURIAL (b) Date thereof 6/21/41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mexico Mo
18. (a) Signature of funeral director Garner & Steiner
(b) Address 103-41
19. (a) 6/30/41 (b) J. Holyday
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 2ND
year 1941 hour 5:30 minute _____ P. M.
21. I hereby certify that I attended the deceased from AUGUST 4
1940 to JUNE 2 1941;
that I last saw her alive on JUNE 2ND 1941
and that death occurred on the date and hour stated above.

Immediate cause of death: Lobar Pneumonia
Due to Hypostasis
Due to Chronic Hypertension
Other conditions (Include pregnancy within 3 months of death) _____

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

Major findings: Of operations _____
Of autopsy _____

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? _____

While at _____ (Specify type of place) (e) Means of injury _____
23. Signature Harmon Shaw (M. D. or other) _____
Address Louisiana, Mo Date signed _____

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.

RECEIVED

District Health Officer No. 10

District File Number 7-41-1404

Date Filed JUL 16 1949

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.....

Herald Garner

Registered Apprentice No.....

working under my personal supervision.

Signed Herald Garner

Licensed Embalmer No. 3720

P. O. Address Louisiana

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, above space should be left blank.