No. 2
4-13-40
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X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
AUG 7 1941
Registration District No. 372

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25066

Primary Registration District No. S-431a

Registrar's No. 1

1. PLACE OF DEATH:
(a) County Gentry
(b) City or town Rural (If outside city or town limits, write "RURAL" and name of township) Jackson Twp
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 73 yrs. (Specify whether years, months or days) 1

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

3. (a) PRINT FULL NAME SUSAN ELIZABETH SHEPHERD
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex F | 5. Color or race W | 6. (a) Single, widowed, married or divorced Widowed

6. (b) Name of husband or wife James Kirk Shepherd
6. (c) Age of husband or wife if alive years

7. Birth date of deceased Oct. 21, 1863 (Month) (Day) (Year)

8. AGE: Years 77 | Months 8 | Days 13 | If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER
12. Name Noah Billmire
13. Birthplace Unknown (City, town, or county) (State or foreign country) 9

MOTHER
14. Maiden name Elizabeth Brooke
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Curtis A. Shepherd
(b) Address R.1. King City Mo.

17. (a) (Burial, cremation, or removal) (b) Date thereof July 6, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation King City, Mo

18. (a) Signature of funeral director Leslie M. Wilson
(b) Address King City Mo.

19. (a) 7-6-41 (Date received local registrar) (b) Ward D. Hart (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4th
year 1941 hour 3 minute 3 P. M.

21. I hereby certify that I attended the deceased from 6/11/41, 19, to 7/4, 19 41; that I last saw her alive on July 4, 19 41; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hemorrhage from duodenal ulcers	7 days
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death): Fracture of right hip on 6/11/41.	

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

23. Signature Dr Zoika Berges (M. D. or other)
Address King City Mo Date signed 7/5/41

No. 2B
8-21-41
X2929

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 Lucile M. Wilson

Licensed Embalmer No. 2830

P. O. Address King City, Mo.

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, fact should be so stated above.

S. No. 2B
I—8-21-41
P I X29288

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25066

Registration District No. 312 Primary Registration District No. 5431a Registrar's No.

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

1. PLACE OF DEATH:

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

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County
(c) City or town
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Susan E. Shuphead
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced wid
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years | Months | Days | If less than one day hr. min.

9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business

MOTHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

FATHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4
year 1941 hour minute M.
21. I hereby certify that I attended the deceased from 19 to 19;
that I last saw h. alive on 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hemorrhage from duodenal ulcers	7 years
Due to	
Due to: Fracture of right hip	June 11, 1941
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 1940	
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) accident
(b) Date of occurrence June 11, 1941 (Year) 9:20 a.m.
(c) Where did injury occur? King City (City or town) Gentry (County) Mo. (State)
(b) Did injury occur in or about home, on farm, in industrial place, in public place? at home on farm (Specify type of place)
While at work housework Means of injury Fell in Kitchen

23. Signature Dr Zack A. Barnes (M.D. or other)
Address King City Mo. Date signed Sept 15, 1941

SUPPLEMENTARY

S-25066