. No. 2
-11-10-39
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25724

AUG 13 1941

Registration District No. 6 15-

Primary Registration District No. 5817

Registrar's No. 7

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

1. PLACE OF DEATH:

(a) County: Newton

(b) City or town: ~~Diamond~~, Marion Twp

(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 years, months or days)

In this community: 12 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Newton

(c) City or town: Diamond, Mo.

(If outside city or town limits, write "RURAL")

(d) Street No. ____

(If rural, give location)

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

3. (a) PRINT FULL NAME: Sarah Margaret Shepherd

3. (b) If veteran, name war: ____

3. (c) Social Security No.: none

4. Sex: Female

5. Color or race: White

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

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: Sept. 14, 1871 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
69	9	18	____ hr. ____ min.

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

10. Usual occupation: Housekeeping

11. Industry or business: ____

FATHER
12. Name: Isaac Knight
13. Birthplace: Tennessee (City, town, or county) / (State or foreign country)

MOTHER
14. Maiden name: Don't Know
15. Birthplace: Don't Know (City, town, or county) 9 (State or foreign country)

16. (a) Informant: Carl Shepherd

(b) Address: Diamond, Mo. I.O.O.F.

17. (a) July 4, 1941 (Burial, cremation, or removal) (b) Date thereof: Newton 7-4-1941 (Month) (Day) (Year)

(c) Place: burial or cremation: I.O.O.F. Cemetery

18. (a) Signature of funeral director: J. A. Bryham

(b) Address: Neosho, Mo.

19. (a) 7-4th 1941 (Date received local registrar) (b) Mrs. U. S. Chapman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 2 year 1941 hour 9 minute P. M.

21. I hereby certify that I attended the deceased from December 2, 1940 to July 2, 1941; that I last saw her alive on July 1, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myocardial degenerative changes	2 mos.
Due to: Diabetes mellitus	
Due to:	
Other conditions (Include pregnancy within 3 months of death): Healed Fracture of left Femur, radius & ulna 12/2/40	

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? ____ (Specify type of place)

While at work? ____ (e) Means of injury: ____

23. Signature: M. A. Chester (M.D. or other) D.O.

Address: Granby Mo. Date signed 7/2/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 841-1357
Date Filed AUG 11 1941

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 Donald Reed, Registered Apprentice No. 202 working under my personal supervision.

Signed J. E. Bingham

Licensed Embalmer No. 2689

P. O. Address Neosho 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, above space should be left blank.