

FILLED OCT 10 1941  
85

Registration District No. ....

Primary Registration District No. 1001

Registrar's No. ....

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: 109-EAST-AUGUSTA  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. SEVERAL-YEARS (Specify whether years, months or days) approx 6 yrs.

3. (a) PRINT FULL NAME JAMES-F-SHEPARD  
(b) If veteran, name war. NO  
(c) Social Security No. NO

4. Sex Male 5. Color or race Wht  
6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife  
6. (c) Age of husband or wife if alive years  
7. Birth date of deceased Sept 29 1879  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
61 11 17 hr. min.

9. Birthplace Edgar Co Ill  
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business

MOTHER, FATHER { 12. Name Geo. W. Shepard  
13. Birthplace Shepherdville Ky  
(City, town, or county) (State or foreign country)  
14. Maiden name Anna M. Huchaby  
15. Birthplace Edgar Co Ill  
(City, town, or county) (State or foreign country)

16. (a) Informant John H. Shepard  
(b) Address 109 E. Augustast.

17. (a) burial (b) Date thereof Sept 18 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation J.O.O.F. Cemetery

18. (a) Signature of funeral director Ray Stamer  
(b) Address St. Joseph, Mo.

19. (a) Sept. 17, 1941 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. MO (b) County. BUCHANAN MO  
(c) City or town. ST-JOSEPH (RURAL)  
(If outside city or town limits, write "RURAL")  
(d) Street No. RFD #3  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT day 16  
year 1941 hour 8:00 minute P M.  
21. I hereby certify that I attended the deceased from Sept 16th 41 1941 to ### 1941

that I last saw him ### live on ### 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris Duration

Due to 94B

Due to

Other conditions none  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations none  
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 B.W. Tadlock Acting Coroner  
(M. D. or other)  
Address King Hill Bldg Date signed 9/17/41

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

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**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.....

*John P. Slawny*  
.....  
Licensed Embalmer No. *2435*  
.....

P. O. Address.....  
*St. Joseph*  
.....

**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.**