

DEC 6 1941
Registration District No. 2961

Primary Registration District No. 4456

Registrar's No. 35

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

1. PLACE OF DEATH:
(a) County St Clair
(b) City or town Appleton City, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Elliott Hospital D
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 days
(Specify whether
In this community 33 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St Clair
(c) City or town Appleton City
(If outside city or town limits, write "RURAL")
(d) Street No. Rural - Plaque Prop.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Gertie Bernice Shepard
3. (b) If veteran, name war none
3. (c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov day 23
year 1941 hour 2 minute 15 A.M.
21. I hereby certify that I attended the deceased from Nov 15, 1941, to Nov 23, 1941;
that I last saw him alive on Nov 23, 1941;
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Milton Shepard
6. (c) Age of husband or wife if alive 44 years
7. Birth date of deceased Mar 21 - 1908
(Month) (Day) (Year)

Immediate cause of death Septicemia, Bacteriemia, Streptococcus
Duration _____

8. AGE:	Years	Months	Days	If less than one day
	<u>33</u>	<u>8</u>	<u>2</u>	hr. _____ min.

Due to _____
Due to _____

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

Other conditions Pneumonia, Bronchitis (Strep),
(Include pregnancy within 3 months of death)
Rephitis, Acute

10. Usual occupation Housekeeping
11. Industry or business None

Major findings: _____
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER {
12. Name John A. Rosbrough
13. Birthplace Missouri
14. Maiden name Sister Page
15. Birthplace Missouri

16. (a) Informant Milton Shepard
(b) Address Appleton City, Mo
17. (a) Burial (b) Date thereof Nov 24 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

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? _____

18. (a) Signature of funeral director Frank Lee
(b) Address Appleton City, Mo
19. (a) 11-24-41 (b) Chas Struy
(Date received local registrar) (Registrar's signature)

23. Signature W. E. Elliott (M. D. or other) _____
Address Appleton City, Mo Date signed 11-24-41

836

RECORDED
INDEXED

RECEIVED

District Health Officer No. 7

District File Number 12-41-1938

Date Filed 12-3-41

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 ME
on the 23 day of nov: 1941, Registered Apprentice No. _____
working under my personal supervision.

Signed Frank Lee

Licensed Embalmer No. 1099

P. O. Address Frank Lee

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 39260

Registration District No. 761

Primary Registration District No. 4456

Registrar's No. _____

1. PLACE OF DEATH:

(a) County St. Clair

(b) City or town Appleton City
(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 Leatrice B. Shephard

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 14, Day 14, Year 1941
hour _____ minute _____ M.

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased: Mar 21, 1900
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____; that I last saw him/her alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____

8. AGE: Years 33 Months 8 Days _____
(If less than one day _____ min.)

Due to _____

Due to _____

9. Birthplace: _____
(City, town, or county) (State or foreign country)

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

Major findings: Pericard

10. Usual occupation _____

11. Industry of business _____

Of operations _____

Of autopsy _____

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

MOTHER FATHER

12. Name _____

13. Birthplace _____
(City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant _____
(b) Address _____

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? _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

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

23. Signature [Signature] (M. D. or other) [Signature]
Address Appleton City Date signed _____

18. (a) Signature of funeral director _____
(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

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

SUPPLEMENTARY

