

FILED APR 10 1942

Registration District No. 731

Primary Registration District No. 4436

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

1. PLACE OF DEATH:  
 (a) County Randolph  
 (b) City or town Clifton Hill Tum  
(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 Two years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Randolph  
 (c) City or town Clifton Hill  
(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 George Marion Shepard  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month March day 24  
 year 1942 hour 11 minute 30 A.M.

4. Sex M 5. Color or race W  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Cynthia Lou Shepard  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased March 1 1876  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb 22, 1942, to March 25, 1942, that I last saw him alive on March 26, 1942, and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>66</u>	<u>0</u>	<u>25</u>	hr. _____ min. _____

Immediate cause of death Cerebral Hemorrhage  
 Duration 4 hrs.

9. Birthplace Chariton County 0  
(City, town, or county) (State or foreign country)

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

10. Usual occupation Farmer  
 11. Industry or business \_\_\_\_\_

Other conditions 1  
(Include pregnancy within 3 months of death)  
 Major findings: 430  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

MOTHER FATHER  
 12. Name John Shepard  
 13. Birthplace Unknown 7  
(City, town, or county) (State or foreign country)  
 14. Maiden name Mary Scotland  
 15. Birthplace Unknown 7  
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. Cynthia Lou Shepard  
 (b) Address Clifton Hill, Mo  
 17. (a) Burial (b) Date thereof Mar 28 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Clifton Hill

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 Tom B. Patton  
 (b) Address Hunterville, Mo  
 19. (a) 3/31/42 (b) Mrs. P. O. Drury  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_  
(Specify type of place) (e) Means of injury \_\_\_\_\_  
 23. Signature W. C. Alexander (M. D. or other) \_\_\_\_\_  
 Address Clifton Hill Missouri Date signed 3-28-42

APR 13 1942

RECEIVED

District Health Officer No. 10

District File Number 4-42-682

Date Filed APR - 7 1942

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 Paul S. Patton

Licensed Embalmer No. 4095

P. O. Address Huntsville, 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.