DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 8 1942

Registration District No. 469

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14786

Primary Registration District No. 5-630

Registrar's No. 56

1. PLACE OF DEATH:

(a) County Lawrence

(b) City or town La Russell Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: R. R. #1 Greys
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 13 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence 55

(c) City or town La Russell Mo. R. R. #1
(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 Media P. Shepley

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband ~~or wife~~ Ben A. Shepley

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased 6 (Month) 25 (Day) 1864 (Year)

8. AGE:

Years	Months	Days	If less than one day
77	9	2	..... hr. ..... min.

9. Birthplace Wayne Co. (City, town, or county) Mo. U (State or foreign country)

10. Usual occupation .....

11. Industry or business .....

FATHER
12. Name Wm. Donaphan
13. Birthplace Tenn (City, town, or county) (State or foreign country)

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

16. (a) Informant Ben A. Shepley

(b) Address La Russell Mo. R.R. 1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-22-42 (Month) (Day) (Year)

(c) Place: burial or cremation Greys Point

18. (a) Signature of funeral director Morris & Leiman

(b) Address Miller Mo.

19. (a) April 2 1942 (Date received local registrar) (b) Anna Whinney (Registrar's signature)

1182

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 29 year 1942 hour 3 minute 30 P. M.

21. I hereby certify that I attended the deceased from 3-20, 1942, to 3-29, 1940 that I last saw h. 2 alive on 3-, 19.. and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death acute nephritis	
Due to —	
Due to —	
Other conditions — (Include pregnancy within 3 months of death)	

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) 7

(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 W. S. Bunney (M. D. or other)

Address Miller Mo. Date signed 4-3-42

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 542-636
Date Filed MAY 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 S. R. Lemon

Licensed Embalmer No. 3297

P. O. Address Miller Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

No. 2B
-8-21-41
I X29288

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14786

Registration District No. 467 Primary Registration District No. 5630 Registrar's No.

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

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County Lawrence

(b) City or town La-Russell
(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 13 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Lawrence

(c) City or town La-Russell
(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 Media P. Shepley

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 M

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased June (Month) 25 (Day) 1864 (Year)

8. AGE: Years 77 Months 9 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

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

MOTHER
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 Mch day 29
year 1942 hour 3 minute 30 P.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 Acute Nephritis	
Due to Unknown to me	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

130

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 W. S. Bunny (M. D. or other)

Address Miller Mo Date signed 6-3-42