

No. 2
1-5-42
5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36406

State File No.

FILED NOV 19 1942/49

Primary Registration District No. 1002

Registrar's No. 4147

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
575 Tracy Ave
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 29 years (Specify whether years, months or days)

In this community 29 years

3. (a) PRINT FULL NAME Augustus Shepherd

3. (b) If veteran, name war 2

3. (c) Social Security No.

4. Sex male 5. Color or race neg

6. (a) Single, widow, married, divorced widow

(b) Name of husband or wife Tessanna Shepherd (c) Age of husband or wife if alive 21 years (Month) (Day) (Year) 1858

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 83 Months 11 Days 9 If less than one day hr. min.

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

10. Usual occupation unemployed

11. Industry or business

12. Name unknown

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

14. Maiden name unknown

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

16. (a) Informant Mrs Eugene Tracy

(b) Address 1316 Paseo -

17. (a) Burial (b) Date thereof 11 12 42 (Month) (Day) (Year)

(c) Place: burial or cremation Blue Ridge town

18. (a) Signature of funeral director H. B. Moore

(b) Address 1820 W. 18th St

19. (a) 11-7-42 (b) M. M. Crow (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(d) Street No. 526 Blairmont
(If rural, give location)

(e) Citizen of foreign country? no (No)

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 30 year 1942 hour 7:55 minute A M.

21. I hereby certify that I attended the deceased from 10/20/42 to 10/30/42 that I last saw alive on 10/30/42 and that death occurred on the date and hour stated above.

Immediate cause of death acute pulmonary edema

Duration

Due to

Due to

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy yes

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 L. P. Richardson (M. D. or other)

Address 1832 7th St Date signed 10/31/42

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

A. B. Moore, Registered Apprentice No. _____
working under my personal supervision.

Signed A. B. Moore

Licensed Embalmer No. 2410

P. O. Address 1920 E 18th

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.