S. No. 2
—1-4-41
5-17-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

6385

State File No. 6385

Registration District No. MAR 6 1943

Primary Registration District No. 5465

Registrar's No. 129

1. PLACE OF DEATH:

(a) County: GREENE

(b) City or town: Rural ~~[illegible]~~ N. Campbell
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: County Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 Days (Specify whether years, months or days)
In this community ~~Several Years~~

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Greene

(c) City or town: Rural ~~[illegible]~~ S. Campbell
(If outside city or town limits, write "RURAL")

(d) Street No.: Route 8
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: Oscar Earl Shepard

3. (b) If veteran, name war: No.

3. (c) Social Security No.: Unknown

4. Sex: Male

5. Color or race: W

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

6. (b) Name of husband or wife: Francis Shepard

6. (c) Age of husband or wife if alive: 43 years

7. Birth date of deceased: Feb. (Month) 26 (Day) 1893 (Year)

8. AGE: Years 49 | Months 11 | Days 15 | If less than one day: hr. min.

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

10. Usual occupation: Farmer

11. Industry or business: Farming

FATHER
12. Name: Oscar E. Shepard
13. Birthplace: Unknown (City, town, or county) Kentucky (State or foreign country)

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

16. (a) Informant: Mrs. Francis Shepard
(b) Address: Springfield, Mo. Rt. 8

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-14-43 (Month) (Day) (Year)
(c) Place: burial or cremation: Brookline

18. (a) Signature of funeral director: Dunn Funeral Home
(b) Address: Springfield, Missouri

19. (a) 2-13-43 (Date received local registrar) (b) W. Hardley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 11 year 1943 hour 9 minute 10A. M.

21. I hereby certify that I attended the deceased from Feb 6 1943 to Feb 11 1943 that I last saw him alive on Feb 9 1943; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocarditis, Chr.	
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death): Cerebral Embolus	15 Mos.

Major findings:
Of operations: 0
Of autopsy: 0

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: James R. Cross (M. D. ~~or other~~)
Address: Springfield Mo. Date signed 2-11-43

984

(Licensed Embalmer's Statement on Reverse Side)

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 Body was Embalmed Frank Grable Jr., Registered Apprentice No. ....., working under my personal supervision.

Signed Frank Grable Jr

Licensed Embalmer No. 4140

P. O. Address Springfield, Ino.

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

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