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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 8 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7271

Registration District No. 237

Primary Registration District No. 4-407-5948

Registrar's No. 9

1. PLACE OF DEATH:

(a) County Pike

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

(c) Name of hospital or institution: County Home 5 RR
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 25 yrs (Specify whether
In this community 98 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pike 82 0

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Mary Shepard

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex F

5. Color or race Negro

6. (a) Single, widowed, married, divorced 2 widowed

6. (b) Name of husband or wife Dont Know

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

7. Birth date of deceased (Month) (Day) 1845 (Year)

8. AGE: Years 98 | Months | Days | If less than one day hr. min.

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

10. Usual occupation Retired

11. Industry or business

FATHER
12. Name Dont know
13. Birthplace (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Dont know
15. Birthplace (City, town, or county) 9 (State or foreign country)

16. (a) Informant Frank Nesler
(b) Address Bowling Green Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/1/43 (Month) (Day) (Year)
(c) Place: burial or cremation County Cemetery

18. (a) Signature of funeral director Frank Nesler
(b) Address Bowling Green

19. (a) March 1 43 (Date received local registrar) (b) Mrs Frank Gordon (Registrar's signature)

1146

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 1
year 1943 hour 8 minute 30 A. M.

21. I hereby certify that I attended the deceased from Feb 26, 1943 to Mch 1, 1943
that I last saw her alive on Feb 26, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardiac Insufficiency	4 days
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)

(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 T M Mathews (M.D. or other)

Address Bowling Green Mo Date signed 3/1/43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 3-43-414
Date Filed 5-19-[illegible]

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 .....

Licensed Embalmer No. .....

P. O. Address .....

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.