

FILED MAY 6 1943

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1967

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1318 Jefferson  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 45 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson  
(c) City or town Kansas City Mo  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1318 Jefferson  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mary E. Shepard

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color or race Wh 6. (a) Single, widowed, married, divorced, Married  
6. (b) Name of husband or wife James F. Shepard 6. (c) Age of husband or wife if alive 55 years  
7. Birth date of deceased Jun 19 1892  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
50 10 4 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace St. Joseph Mo (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Larson  
13. Birthplace No Record (City, town, or county) (State or foreign country)  
14. Maiden name No Record  
15. Birthplace No Record (City, town, or county) (State or foreign country)

16. (a) Informant James F. Shepard  
(b) Address 1318 Jefferson

17. (a) Burial (b) Date thereof Apr 26 43  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Floral Hills

18. (a) Signature of funeral director Helen Roe  
(b) Address 7406 Worthington Rd

19. (a) 4-26-43 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23 43  
year 1943 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_; that I last saw him Deputy Coroner, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death Marked Kyphosis & scoliosis, right congestive heart failure.  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

PHYSICIAN \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy Inspection and history  
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 W. E. Usher (M. D. or other) \_\_\_\_\_  
Address 23rd Merway Date signed 4/24/43

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

MAY 2 1944

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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.....

*Harley Roe*....., Registered Apprentice No.....  
working under my personal supervision.

Signed *Harley Roe*.....

Licensed Embalmer No. *2810*.....

P. O. Address *N. E. 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.**