S. No. 2
M—2-43
5-17-39
I X35697

FILED MAY 6 1943

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13415

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2004

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: 424 S. Wheeling
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 28 Years (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED: 48

(a) State Missouri (b) County Jackson 2

(c) City or town Kansas City 8
(If outside city or town limits, write "RURAL")

(d) Street No. 424 S. Wheeling
(If rural, give location)

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

3. (a) PRINT FULL NAME Mary G. Shepherd

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Fe.

5. Color or race White

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

6. (b) Name of husband or wife Oliver

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

7. Birth date of deceased August 1, 1859 (Month) (Day) (Year)

8. AGE: Years 83 Months 8 Days 26 If less than one day hr. min.

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

10. Usual occupation Homemaker

11. Industry or business None

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

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

16. (a) Informant Pearl Mawby
(b) Address 424 S. Wheeling

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof April 29, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Urich, Mo.

18. (a) Signature of funeral director C. H. Blackman & Son, Inc.
(b) Address Kansas City, Mo.

19. (a) 4-28-43 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27 year 1943 hour 9 minute 45 P. M.

21. I hereby certify that I attended the deceased from Apr. 2, 1943 to Apr. 27, 1943 that I last saw her alive on Apr 27, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Decompensated myocarditis	Unknown
Due to Essential Hypertension	5 yrs. approx.
Due to 93 D	
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)
(e) While at work? (e) Means of injury

23. Signature J. J. Pocsik (M. D. or other) D.O.
Address 5902 St John Date signed 4/28/43

361

(Licensed Embalmer's Statement on Reverse Side)

Dr. Pearl

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 H. D. Blackman

Licensed Embalmer No. 3639

P. O. Address K. C. 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.