

FILED MAY 15 1943

State File No. _____

Registration District No. 301

Primary Registration District No. 6036

Registrar's No. 1900

1. PLACE OF DEATH:

(a) County Ripley

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

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

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 9 Years. (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ripley

(c) City or town Shirley Twp.
(If outside city or town limits, write "RURAL")

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

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

3. (a) PRINT FULL NAME ADDIE REBECCA SHEPPARD.

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife HAROLD SHEPPARD 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased August 8, 1879.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

63 8 15 _____ hr. _____ min.

9. Birthplace Elizabeth W Va.
(City, town, or county) (State or foreign country)

10. Usual occupation Invalid

11. Industry or business 17 Years.

12. Name Burson

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

14. Maiden name Stump.

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

16. (a) Informant Harold Sheppard (Husband).

(b) Address Doniphan, Mo.

17. (a) Burial (b) Date thereof 4-24-43.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wilson Cem. Local.

18. (a) Signature of funeral director F. E. Jordan,

(b) Address Doniphan, Mo.

19. (a) 4/27/43 (b) E. D. Johnston
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23
year 1943. hour 7:30 minute _____ P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Date of death Death without medical attendant

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: 200C

Of operations _____

Of autopsy _____

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) Years of injury _____

23. Signature Clifford Johnston (M. D. or other) 4/27/43

Address Doniphan, Mo. Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

91
0

RECEIVED

District Health Officer No. 5,

District File Number 649322

Date Filed 5-12-43

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.....

not embalmed

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

H. Jordan

Licensed Embalmer No. 3200

P. O. Address.....

Orphan

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.

M. O.