

FILED JUN 7 1943

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

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
Gen. Hosp. # 20
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 hours
(Specify whether
In this community one week
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Arkansas (b) County 999
(c) City or town Fort Smith 03
(If outside city or town limits, write "RURAL")
(d) Street No. unknown
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country.....

3. (a) FULL NAME EDWARD W. JAMES SHEPHARD

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

4. Sex M 5. Color or race Col 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife not married 6. (c) Age of husband or wife if alive None years
7. Birth date of deceased 1903
(Month) (Day) (Year)

8. AGE: Years 40 Months Days If less than one day hr. min.

9. Birthplace Fort Smith Ark
(City, town or county) (State or foreign country)

10. Usual occupation Showman

11. Industry or business World of today show

12. Name Ezra James Shephard

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

14. Maiden name Sarah Walker

15. Birthplace Fort Smith Ark
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Charvone

(b) Address Traveling Carnival

17. (a) Burial (b) Date thereof May 25 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wesland Cemetery

18. (a) Signature of funeral director Wm. Hudson
(b) Address 1513 Street

19. (a) 5-25-43 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19 P.M.
year 1943 hour 3:45 minute

21. I hereby certify that I attended the deceased from Deputy Coroner
that I last saw him alive on
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Dilatation of Heart
Due to.....
Due to..... 95c

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy Insp. History

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) (c) Means of injury.....
23. Signature J. P. Richardson (M. D. or other)
Address 1832 Vine Date signed 5-22-43

Duration
Physician
Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

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.