

S. No. 2  
M-2-43  
7-5-17-39  
1 X35897

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30960 4064  
State File No. \_\_\_\_\_  
Registrar's No. \_\_\_\_\_

FILED OCT 13 1943

Registration District No. 106 Primary Registration District No. 106

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:  
1110 East 21st (1st Floor East)  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 51 Years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1110 East 21st (1st Floor East)  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME CLARA SHEPPARD

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

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced, Wid.

6. (b) Name of husband or wife Joseph Sheppard 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased December 24, 1854  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
88 8 24 hr. \_\_\_\_\_ min.

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

10. Usual occupation At Home

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

12. Name Tom Logan

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

14. Maiden name Unknown

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

16. (a) Informant William Todd

(b) Address 1122 East 23rd Street

17. (a) Burial (b) Date thereof 9/22/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director Hatkins Bros

(b) Address 1729 Lydia Avenue

19. (a) 9-22-43 (b) T. C. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept 18 day Saturday  
year 1943 hour 8:30 minute A. M.

21. I hereby certify that I attended the deceased from 2-10-43 to 9-18-43, 1943  
that I last saw her alive on 9-10- 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary TB

Due to 130

Due to \_\_\_\_\_

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

Major findings: Of operations \_\_\_\_\_

Of autopsy no

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) (d) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) \_\_\_\_\_

Address 2200 E-18 Date signed 9-22-43

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

MOTHER FATHER

361

(Licensed Embalmer's Statement on Reverse Side)

*Haugh*

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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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed *Jerome Manlove*  
Licensed Embalmer No. *3994*  
P. O. Address *7503 Highland*

**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.**