

U. S. No. 2  
FORM-5-42  
Rev. 5-17-39  
X32873

39020

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED DEC 15 1943  
Registration District No. 6067

Primary Registration District No. 6067

Registrar's No. ....

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

1. PLACE OF DEATH:

(a) County ST. Clair

(b) City or town Rural West Speedwell  
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_ years, months or days (Specify whether \_\_\_\_\_)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Clair

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

(d) Street No. Speedwell Township  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME EARL B SHEPPARD

3. (b) If veteran name war World War 3. (c) Social Security No. none

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Winifred Sheppard 6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased Aug-8-1896  
(Month) (Day) (Year)

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

47 3 28 hr. min.

9. Birthplace Vernon Co Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Railway mail clerk (Retired)

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

12. Name George W Sheppard

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

14. Maiden name Rebecca Harpole

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

16. (a) Informant Mr Winifred Sheppard

(b) Address R2 Eldorado Springs Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-10-43  
(Month) (Day) (Year)

(c) Place: burial or cremation Lo vs Cemetery

18. (a) Signature of funeral director Wyrinn Siders

(b) Address Eldorado Springs Mo

19. (a) 12-9-43 (Date received local registrar) (b) S.B. Burwick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 6 year 1943 hour 4 minute P. M.

21. I hereby certify that I attended the deceased from one visit Dec 6 1943 to Dec 6 1943 that I last saw him alive on Dec 6 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Heart Attack

Due to Flue

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

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 330

Of autopsy \_\_\_\_\_

Duration ?

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature L. T. Duryaway Address Eldorado Springs Mo Date signed 12/9/43

FEB 7 1944

11-43-1369  
12-14-43

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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

*W. Swinson*

Licensed Embalmer No. *2034*

P. O. Address *Edwards Springs, 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.