

FILED FEB 10 1944

Registration District No. 944

Primary Registration District No. 2428

Registrar's No. 64

1. PLACE OF DEATH:

(a) County Franklin
(b) City or town Rural Boone Sullivan, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1 day
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin
(c) City or town Rural Sullivan, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Francis Marion Shepherd

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Bertha Wilahemina Shepherd 6. (c) Age of husband or wife if alive 71 years
7. Birth date of deceased November 19 1868
(Month) (Day) (Year)

8. AGE: Years 75 Months 1 Days 22 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farming

11. Industry or business _____

MOTHER FATHER

12. Name James Shepherd
13. Birthplace North Carolina (City, town, or county) (State or foreign country)
14. Maiden name Nancy Spear
15. Birthplace South Carolina (City, town, or county) (State or foreign country)

16. (a) Informant Roma Shepherd
(b) Address Sullivan Mo R 1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-13-44 (Month) (Day) (Year)

(c) Place: burial or cremation Schmidt Cemetery

18. (a) Signature of funeral director Ernst L. Ottmann
(b) Address Boone, Missouri

19. (a) Jan 13-44 (Date received local registrar) (b) Don Owens (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 11 year 1944 hour 7 minute a M.

21. I hereby certify that I attended the deceased from Jan 10 1944 to Jan 11 1944 that I last saw him alive on Jan 10 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy Duration 1 day

Due to Chronic Arterial Hypertension

Due to 3a

Other conditions (Include pregnancy within 3 months of death)

Major findings: No operation Of operations

Of autopsy No 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? _____

While at work? _____ (Specify type of place) (c) Means of injury D

23. Signature H. Matthews, M.D. (M. D. or other) F-12-44
Address Beaufort, Mo. Date signed _____

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

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..... *Ernest L. Oldmann*

Licensed Embalmer No. *4054*

P. O. Address. *Gerald, Missouri*

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.