

FILED FEB 14 1944

Registration District No. 124

Primary Registration District No. 5444

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Harrison County
(b) City or town Ridgeway, Madison Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
7 mi east of Ridgeway
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 83 yr
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Harrison
(c) City or town Ridgeway, Rural-Madison Twp.
(If outside city or town limits, write "RURAL")
(d) Street No. 7 mi east Ridgeway
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME Nancy Elizebeth Shepard

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

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife S. M. Shepard 6. (c) Age of husband or wife if alive 84 years
7. Birth date of deceased Oct - 18 - 1860
(Month) (Day) (Year)

8. AGE: Years 83 Months 3 Days 6 If less than one day hr. _____ min. _____

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

10. Usual occupation housewife

11. Industry or business _____

MOTHER FATHER
{ 12. Name Elza H. Dumagan
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
{ 14. Maiden name Jane Ann Hall
15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Roy H. Shepard
(b) Address Ridgeway

17. (a) Burial (b) Date thereof 1/27-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Ridgeway Cemetery

18. (a) Signature of funeral director R. P. Baggess
(b) Address Ridgeway Mo

19. (a) Feb 1 - 44 (b) S. Pha Shaw
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 24
year 1944 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from Dec 1, 1942 to Jan. 24, 1944
that I last saw her alive on Jan 20, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Central hemorrhage
arterio-sclerosis

Duration 5 days
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

Major findings: 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) Means of injury _____

23. Signature L. H. Brewer (M. D. or other) _____
Address Ridgeway Date signed 1/27/44

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

R.R. Boggs

Licensed Embalmer No.

9576

P. O. Address

Ridgeway 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, above space should be left blank.