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FILED APR 12 1944

State File No.

Registration District No.

Primary Registration District No. 4512

Registrar's No. 23

1. PLACE OF DEATH:

(a) County: Pike
(b) City or town: Curryville
(If outside city or town limits write "RURAL" and name of township)
(c) Name of hospital or institution: Home
(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: Mo (b) County: Pike 22
(c) City or town: Curryville
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME: ALVIN HEWMAN SHEPHERD

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

4. Sex: male 5. Color or race: col. 6. (a) Single, widowed, married: divorced Widowed

6. (b) Name of husband or wife: Ada Shepherd 6. (c) Age of husband or wife if alive: 7 years

7. Birth date of deceased: Sept 9 1868
(Month) (Day) (Year)

8. AGE: Years 75- Months 6 Days 25 If less than one day hr. min.

9. Birthplace: Middletown MO. 1
(City, town, or county) (State or foreign country)

10. Usual occupation: Laborer

11. Industry or business:

12. Name: Henry Shepherd

13. Birthplace: no 1
(City, town, or county) (State or foreign country)

14. Maiden name: Elizabeth A. H. 12 6 0 12
(City, town, or county) (State or foreign country)

15. Birthplace: Mo 1
(City, town, or county) (State or foreign country)

16. (a) Informant: Lina May Shepherd

(b) Address: Curryville Mo.

17. (a) Burial (b) Date thereof: 29 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Curryville Mo.

18. (a) Signature of funeral director: Walter B. Anderson

(b) Address: Bowling Green Mo.
19. (a) 3-30-44 (b) Wm Frank Sador
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 27
year 1944 hour 5 minute a. M.

21. I hereby certify that I attended the deceased from 3/26
19 44 to 3/28/44 19 44

that I last saw him alive on 3/27/44 19 44
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Thrombosis 2 day

Due to: Chronic Endocarditis

Due to: _____

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: Of operations: 920

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)
(c) Means of injury _____

23. Signature: W. H. Anderson M.D. (M. D. or other)

Address: Bowling Green Mo. Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File Number 4-44-749

Date Filed APR 11 1944

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.....

Grace Danphhead

Licensed Embalmer No.

2204

P. O. Address.....

Rowling Green

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.