

S. No. 2
M-5-43
7-5-17-39
I X36671

14201
State File No. _____
Registrar's No. 374

FILED MAY 11 1944
Registration District No. _____

Primary Registration District No. 1000

11
1
7
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Joseph's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days
In this community 40 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 228 Alabama St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Perry W. Shepherd
3. (b) If veteran, name war None
3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Apr day 10th
year 1944 hour 1 minute P.M.
21. I hereby certify that I attended the deceased from 5 to 10 p.m. 1944
that I last saw him alive on Apr 10 1944
and that death occurred on the date and hour stated above.
Immediate cause of death: Pneumonia acute
Duration 3 da

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased February 22, 1882
(Month) (Day) (Year)

8. AGE: Years 62 Months 1 Days 19
If less than one day hr. min.

9. Birthplace Indiana
(City, town, or county) (State or foreign country)
10. Usual occupation Retired Storekeeper
11. Industry or business None

MOTHER FATHER {
12. Name William Shepherd
13. Birthplace Indiana
(City, town, or county) (State or foreign country)
14. Maiden name Frances Stone
15. Birthplace New Market, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Ruby Pearl Shepherd (Wife)
(b) Address 228 Alabama St.
17. (a) Burial (b) Date thereof 4/13/44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director John E. Crupp
(b) Address 6054 Pryor Ave., City
19. (a) 4/13/44 (b) Rose H. H. H. H.
(Date received local registrar) (Registrar's signature)

Other conditions: 176
(Include pregnancy within 3 months of death)

Major finding: Cholelithiasis
Cholecystitis
Of autopsy: Same
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: R. L. L. L. (M. D. or other) _____
Address: 734 Separey Date signed 7/12/44

1233

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.....

John E. Rupp

Licensed Embalmer No. *3986*

P. O. Address.....

St. Joseph, 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.