

FILED JUN 7 1944

Registration District No. 41944

Primary Registration District No. 3008

Registrar's No. 180

14
1
2

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

1. PLACE OF DEATH:

(a) County Calloway

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

(c) Name of hospital or institution:
State Hosp. No. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 yrs 9 mo 14 days
(Specify whether)

In this community same
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Morgan

(c) City or town Versailles
(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 ~~OF~~ SUSAN J. SHEPARD

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

4. Sex female 5. Color or race white

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

6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased June 13 1861
(Month) (Day) (Year)

8. AGE: Years 83 Months 11 Days 8 If less than one day hr. min.

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

10. Usual occupation housewife

11. Industry or business.....

12. Name John Reynolds

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

14. Maiden name.....

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

16. (a) Informant Records

(b) Address State Hosp No 1 Fulton Mo

17. (a) Removed (b) Date thereof May 21 44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Versailles, Mo

18. (a) Signature of funeral director W. D. Kidwell

(b) Address Versailles Mo

19. (a) May 21 44 (b) Josie Morant Hoff
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21 year 1944 hour of minute 40 P M.

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

Immediate cause of death Carcinoma of Colon

Due to.....

Due to.....

Other conditions Generalized arterio sclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy..... H62

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 J. P. Miller (M. D. or other) MD

Address Fulton Mo Date signed 5/21/44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

1147

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed

6-6-44

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.....

Louis D. Phillips

Registered Apprentice No.

working under my personal supervision.

Signed

Louis D. Phillips

Licensed Embalmer No.

3663

P. O. Address.....

Essex

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.