S. No. 2
M—1-4-41
v. 5-17-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 13 [redacted]

Registration District No. [illegible]

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5340

State File No. 21463

Registrar's No. 209

1. PLACE OF DEATH:

(a) County DeKalb

(b) City or town ~~[illegible]~~ Rural Washington
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Twp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether
In this community 84 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County DeKalb 32

(c) City or town (Rural) Clarksdale, Mo
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? ~~[illegible]~~ No (Yes or No)
If yes, name country N

3. (a) PRINT FULL NAME Melvinia Shephard

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced widow 2

6. (b) Name of husband or wife William E Shephard

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

7. Birth date of deceased JAN. (Month) 26. (Day) 1860 (Year)

8. AGE: Years 84 Months 3 Days 13 If less than one day ..... hr. ..... min.

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

10. Usual occupation Housewife

11. Industry or business —

FATHER
12. Name Jackson Carrel
13. Birthplace (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Elizebeth Carrel
15. Birthplace (City, town, or county) 9 (State or foreign country)

16. (a) Informant Simon Knarr
(b) Address Clarksdale, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-11-44 (Month) (Day) (Year)
(c) Place: burial or cremation Cosby Mo

18. (a) Signature of funeral director John G Brown
(b) Address Maysville Mo

19. (a) 5-11-44 (Date received local registrar) (b) John Clark (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9th
year 1944 hour 4 minute 10 P.M.

21. I hereby certify that I attended the deceased from 5-2, 1944 to 5-9, 1944;
that I last saw her alive on 5-2, 1944;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary Edema	6 hours
Due to: Cardiac decompensation	7 days
Due to: Myocarditis	Unknown
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

93 el

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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature O K Van De Linder (M.D. or other) D.O.
Address Clarksdale, Mo. Date signed 5-9-44

13 (Licensed Embalmer's Statement on Reverse Side)

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 B Brown

Licensed Embalmer No. 3933

P. O. Address Maysville 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.