

1. PLACE OF DEATH:  
 (a) County Lawrence  
 (b) City or town LaRussell - Vineyard Twnsp  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
General Delivery  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution.....  
 In this community..... 37 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Jasper 49  
 (c) City or town Rural  
(If outside city or town limits, write "RURAL")  
 (d) Street No. LaRussell  
(If rural, give location)  
 (e) Citizen of foreign country?..... No (Yes or No)  
 If yes, name country.....

3. (a) PRINT FULL NAME Charles Berry Shepherd  
 3. (b) If veteran, name war none  
 3. (c) Social Security No. none

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month May day 11  
 year 1944 hour 3:50 minute a M.

4. Sex male 5. Color of race white  
 6. (a) Single, widowed, married, divorced married  
 6. (b) Name of husband or wife Emma Burkhardt Shepherd  
 6. (c) Age of husband or wife if alive 69 years  
 7. Birth date of deceased April 17 1870  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb 5  
1944, to May 11, 1944  
 that I last saw him alive on May 7, 1944  
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
73 11 24  
 hr. min.

Immediate cause of death:  
myocardial stenosis  
(valvular heart disease)  
dropsey

9. Birthplace Clayton Illinois  
(City, town, or county) (State or foreign country)  
 10. Usual occupation retired farmer

Due to.....  
 Other conditions (include pregnancy within 3 months of death)  
 Major findings: Of operations.....  
 Of autopsy.....

MOTHER FATHER {  
 12. Name William H. Shepherd  
 13. Birthplace unknown Indiana  
(City, town, or county) (State or foreign country)  
 14. Maiden name Betty Strahan  
 15. Birthplace unknown Illinois  
(City, town, or county) (State or foreign country)

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.....

16. (a) Informant Mrs. C. B. Shepherd  
 (b) Address LaRussell, Missouri  
 17. (a) Burial (b) Date thereof May 14, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Red Oak Cemetery  
Knell Mortuary  
 18. (a) Signature of funeral director Carthage, Mo.  
 (b) Address.....  
 19. (a) May 2 1944 (b) Anna Whitney  
(Date received local registrar) (Registrar's signature)

23. Signature Dr. W. J. Boney (M. D. number) MD  
 Address Miller, Mo. Date signed 5-11-44

PHYSICIAN  
 Underline the cause to which death should be charged statistically.

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

3500

RECEIVED

District Health Officer No. 6,  
District File Number 644-740  
Date Filed JUN 20 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.....

*Emmi L. Snell*

Licensed Embalmer No.....

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P. O. Address.....

*Carthage*

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.