S. No. 2
M—8-43
5-17-39
I X37823

17
1
1

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 13 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27459

State File No.

Registration District No. 35 Primary Registration District No. 3011 Registrar's No. 71

1. PLACE OF DEATH:

(a) County Carroll
(b) City or town Carrollton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Staton Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community life
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 17

(a) State Missouri (b) County Carroll
(c) City or town Carrollton
(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 Marion Lee Sheppard
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Child
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased August (Month) 11 (Day) 1944 (Year)

8. AGE:	Years	Months	Days	If less than one day
	—	—	1½	— hr. — min.

9. Birthplace Carrollton (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Child
11. Industry or business
FATHER
12. Name John M. Sheppard
13. Birthplace Geneva, Iowa (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Lucille Orrn Murphy
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant John M. Sheppard
(b) Address Brunswick Missouri
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Aug-14-1944 (Month) (Day) (Year)
(c) Place: burial or cremation Burial-Brunswick, Mo
18. (a) Signature of funeral director Standley
(b) Address Carrollton, Mo.
19. (a) 8-14-1944 (Date received local registrar) (b) Mrs James Raffety (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day Aug 12 year 44 hour 3 minute 15 P. M.
21. I hereby certify that I attended the deceased from Aug. 12, 1944, to Aug. 12, 1944 that I last saw him alive on Aug 12, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Premature — just too weak	38 hrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

159

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 R. Hamilton Staton (M. D. or other) Mbl
Address Carrollton, Mo Date signed Aug. 13 44

1055

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 9-12-44

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 John A. Cantlon, Registered Apprentice No. 356, working under my personal supervision.

Signed R. M. Marshall

Licensed Embalmer No. 2525

P. O. Address Carrollton 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.