

FILED NOV 10 1944

Registration District No. 97

Primary Registration District No. 5303

Registrar's No. 247

1. PLACE OF DEATH:

(a) County Cole

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

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

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community 22 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole 26

(c) City or town Jefferson City
(If outside city or town limits, write "RURAL")

(d) Street No. Thorough Park 0
(If rural, give location)

(e) Citizen of foreign country? No 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Charles Earnest Shepard

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 31
year 1944 hour 7 minute P M.

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

21. I hereby certify that I attended the deceased from as a attending doctor _____, 19____
that I last saw him _____ alive on _____, 19____
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color Wh 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary 6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased Dec 15 1899
(Month) (Day) (Year)

Immediate cause of death Heart Disease

8. AGE:	Years	Months	Days	If less than one day
	<u>44</u>	<u>10</u>	<u>16</u>	hr. min.

Due to type unknown 6 mo ?

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

Other conditions 95 C²
(Include pregnancy within 3 months of death)

10. Usual occupation Farming + Stock Raisin

PHYSICIAN

Major findings: _____
Of operations _____
Of autopsy _____

Underline the cause to which death should be charged statistically.

11. Industry or business Farming

12. Name Sam Shepard

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

14. Maiden name Zola Reynolds

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

16. (a) Informant Mrs. Mary Shepard

(b) Address Thorough Park Road

17. (a) Burial (b) Date thereof Nov. 3 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Logan

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? _____

18. (a) Signature of funeral director James Hewitt

(b) Address 700 Jefferson

19. (a) 11-3-44 (b) Theresa Richter
(Date received local Registrar) (Registrar's signature)

While at work _____ (Specify type of place) (c) Means of injury 0

23. Signature Edo Maurus (M. D. or other) MD
Address Jefferson City Mo. Date signed 11-7-44

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

26
0
0

MOTHER FATHER

RECEIVED

District Health Officer No. 9,

District File Number

Date Filed

11-9-44

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed

J. W. Anderson

Licensed Embalmer No.

3641

P. O. Address

Juno

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.