

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 17 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34308
Registrar's No. 34308

Registration District No. 132 Primary Registration District No. 3021

1. PLACE OF DEATH:
(a) County Grundy
(b) City or town Trenton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(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 2 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Grundy 40
(c) City or town Trenton, Mo.
(If outside city or town limits, write "RURAL") 2
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Emma A. Vance
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 Widowed
6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive. years
7. Birth date of deceased. July 5 1874
(Month) (Day) (Year)
8. AGE: Years Months Days If less than one day
70 3 5 hr. min.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct day 10
year 1944 hour 8 minute P M.
21. I hereby certify that I attended the deceased from Jan 1944 to Oct 10 1944
that I last saw him alive on Oct 10 1944
and that death occurred on the date and hour stated above.

Immediate cause of death
Hemorrhage of stomach
Due to Prophylactic gastric ulcer 6 mo
Duration
Other conditions
(Include pregnancy within 3 months of death)

MOTHER FATHER {
11. Industry or business.
12. Name Ulric Shepard
13. Birthplace Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Eva Hart
15. Birthplace Ind.
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Lois Davis
(b) Address 206 S. Main St. Trenton, Mo.
17. (a) Burial (b) Date thereof 10-14-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mitchell
18. (a) Signature of funeral director Mitchell Funeral Home
(b) Address Clinton, Mo.
19. (a) (b) (c)
(Date received local registrar) (Registrar's signature)

Major findings:
Of operations 117a2
Of autopsy
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?
While at work (Specify type of place) (e) Means of injury
23. Signature [Signature] (M. D. or other)
Address [Signature] Date signed 10/14/44

1380 (Licensed Embalmer's Statement on Reverse Side)

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

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

H. Lavin Martin

Licensed Embalmer No.

3760

P. O. Address

Princeton, 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.

Registration District No. 132 Primary Registration District No. 3021

1. PLACE OF DEATH:
(a) County Grundy
(b) City or town Jenison
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 2 yrs years, months or days

3. (a) PRINT FULL NAME Emma A. Vance
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: July 5 (Month) (Day) (Year)

8. AGE: Years 70 Months 3 Days _____ (If less than one day)
hr. _____ min.

9. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Supervisor

11. Industry or business _____

12. Name Walter W. Shepard

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

14. Maiden name Eva Hart

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

16. (a) Informant Ms. Lois Davis

(b) Address 206 S. Main St. Jenison, Mo.

17. (a) _____ (Burial, cremation, or removal) (b) Date thereof 10-14-44 (Month) (Day) (Year)

(c) Place: burial or cremation Mitchell

18. (a) Signature of funeral director Martin J. Horne

(b) Address Princeton, Mo.

19. (a) 11-1-44 (Date received local registrar) (b) L. D. Roberts (Registrar's signature)

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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct Day 10 year 1944 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____
that I last saw him alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage of stomach
Due to Probably gastric ulcers 6 mo
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____
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) _____
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 E. J. Davis (M. D. optional)
Address Jenison, Mo. Date signed 10/12/44

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

MOTHER FATHER

EMMENTARY

34308