S. No. 2
M—5-43
v. 5-17-39
o I X36671

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

JUN 16 1945

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 12 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 9866

Registration District No. 146 Primary Registration District No. 5568 Registrar's No. 83

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Rural Blue Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1603 Appleton
(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 25 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Rural Blue
(If outside city or town limits, write "RURAL")
(d) Street No. 1603 Appleton
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME VINA M. SHEPARD
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 Married
6. (b) Name of husband or wife Clarence E. Shepard
6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased October (Month) 19 (Day) 1891 (Year)
8. AGE: Years 53 Months 5 Days 8 If less than one day hr. min.
9. Birthplace Elkader, (City, town, or county) Iowa. (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
MOTHER FATHER
12. Name A.A. Katschkowsky
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Musfelt
15. Birthplace New York (City, town, or county) (State or foreign country)
16. (a) Informant Mr. Clarence E. Shepard
(b) Address Kansas City, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Washington Cem.
18. (a) Signature of funeral director Roland R. Peeks
(b) Address Independence, Missouri.
19. (a) 3-28-45 (Date received local registrar) (b) James W. Ross (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 27, year 1945 hour 2 minute P. M.
21. I hereby certify that I attended the deceased from Oct. 18, 1944 to March 27, 1945 that I last saw her alive on March 27, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Uremia	7 days
Due to Adenocarcinoma of rectum with metastasis to liver, lung and kidneys	14 mon.

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations: Adeno carcinoma of rectum fibroma of uterus. Oct 23, 1944
Of autopsy None

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 0
23. Signature Harold V. Woods M.D. (M. D. or other)
Address 11037 Winner Road Date signed 3/28/45
Independence, Mo

1163

(Licensed Embalmer's Statement on Reverse Side)

JUN 16 1945

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 Roland P. Speaks

Licensed Embalmer No. 3604

P. O. Address Indep., 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.