S. No. 2
M—5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 23209

FILED JUL 17 1945

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2845

**1. PLACE OF DEATH:**

(a) County Jackson

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

(c) Name of hospital or institution:
920 West 42nd. Street /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 50 Years
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 2
(If outside city or town limits, write "RURAL")

(d) Street No. 920 West 42nd. Street 8
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME GLENN L. SHEPHERD

3. (b) If veteran, name war No

3. (c) Social Security No. 495 072 7137

4. Sex Male 6

5. Color or race White

6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife unknown

6. (c) Age of husband or wife if alive years

7. Birth date of deceased March (Month) 10th. (Day) 1891 (Year)

8. AGE: Years 54 Months 3 Days 25 If less than one day hr. min.

9. Birthplace Florence (City, town, or county) Kansas / (State or foreign country)

10. Usual occupation Machinist Helper

11. Industry or business Standard Steel Works

FATHER
12. Name James S. Shepherd
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Maude E. Bell
15. Birthplace Olathe (City, town, or county) Kansas / (State or foreign country)

16. (a) Informant Mrs. Maude Gibson
(b) Address 920 West 42nd. Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/9/45 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director Freeman Mortuary & Chapel
(b) Address 104 West 42nd. Street

19. (a) 7-6-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month July day 5th.
year 1945 hour 7 minute 30 a. M.

21. I hereby certify that I attended the deceased from July 1, 1945 to July 5, 1945
that I last saw him alive on July 4, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Multiple lung abscesses (non T.B.) following lobar pneumonia

Due to Large tumor of jaw. adeno primary carcinoma.

Due to Tumor of left adrenal gland metastatic

Other conditions " " right foot. metastatic.
(Include pregnancy within 3 months of death)

Duration

Major findings:
Of operations
Of autopsy as above 45 d

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 [signature] (M. D. or other)
Address 901 Wesepert rd Date signed July 6/1945

(Licensed Embalmer's Statement on Reverse Side)

Dr. Lee Haynes
901 Westport Rd.
Ra 9593.

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 Walter Erwin

Licensed Embalmer No. 4352

P. O. Address K. C. 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.**