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

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

24406

FILED AUG 24 1945

State File No.

Registration District No. 284 Primary Registration District No. 3038 Registrar's No. 571

**1. PLACE OF DEATH:**

(a) County LINN

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

(c) Name of hospital or institution: 422 LINN 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no (Specify whether In this community 27 years years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State MISSOURI (b) County LINN 58

(c) City or town Brookfield (If outside city or town limits, write "RURAL") 1

(d) Street No. 422 Linn (If rural, give location) 21

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

If yes, name country

3. (a) PRINT FULL NAME ALICE MAY SHEPHERD

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex FEMALE 1

5. Color or race W

6. (a) Single, widowed, married, divorced 2

6. (b) Name of husband or wife JOHN DAVIS SHEPHERD

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

7. Birth date of deceased AUGUST (Month) 22 (Day) 1858 (Year)

8. AGE: Years 86 Months 11 Days 9 If less than one day hr. min.

9. Birthplace Keokuk (City, town, or county) Iowa (State or foreign country) 1

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Richard Price
13. Birthplace unknown (City, town, or county) (State or foreign country) 9

MOTHER
14. Maiden name Mary Nelson
15. Birthplace unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Etta Shepherd

(b) Address 422 Linn, Brookfield Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-3-1945 (Month) (Day) (Year)

(c) Place: burial or cremation Meadville Cemetery

18. (a) Signature of funeral director Rust Funeral Home

(b) Address 412 Linn, Brookfield Mo

19. (a) 8-3-1945 (Date received local registrar) (b) W H Cowan (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month August day 1st year 1945 hour 7 minute 20 A.M.

21. I hereby certify that I attended the deceased from Mar. 30, 1942 to Aug 1, 1945; that I last saw her alive on Aug 31, 1945 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Uremia | 2 mo |
| Due Chronic Interstitial Nephritis | 2 yr |
| Due to | |
| Other conditions Senility (Include pregnancy within 3 months of death) | — |

Major findings:
Of operations
Of autopsy 1316

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. O. R. Hale (M. D. or other) Nal

Address Brookfield Mo Date signed 8/2/45

456

(Licensed Embalmer's Statement on Reverse Side)

AUG 30 1945

OCT - 8 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 G. A. Larson

Licensed Embalmer No. 4037

P. O. Address Bucklin, 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.**