J. S. No. 2
DM—8-43
v. 5-17-39
I X37823

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. 31025

FILED SEP 28 1945

Registration District No. 215 Primary Registration District No. 5783 Registrar's No.

1. PLACE OF DEATH:
(a) County Miller
(b) City or town Rural — Richwoods (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 — (Specify whether years, months or days)
In this community 20 yrs.

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

3. (a) PRINT FULL NAME WILLIAM ARTHUR SHEPHERD
3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex Male
5. Color or race W.
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Martha (Denton) Shepherd
6. (c) Age of husband or wife if alive 44 years
7. Birth date of deceased Apr. 22 1900 (Month) (Day) (Year)

8. AGE: Years 45 Months 4 Days 4 If less than one day hr. min.

9. Birthplace Fusaumbia (City, town, or county) Mo (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
MOTHER FATHER
12. Name Jasper Shepherd
13. Birthplace Phelps Co. (City, town, or county) Mo (State or foreign country)
14. Maiden name Julia Bilyeu
15. Birthplace Miller Co. (City, town, or county) Mo (State or foreign country)
16. (a) Informant Martha Shepherd
(b) Address Iberia Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-3-45 (Month) (Day) (Year)
(c) Place: burial or cremation Watkins, Mo
18. (a) Signature of funeral director C. Casey
(b) Address Iberia Mo
19. (a) 9-2-45 (Date received local registrar) (b) Jessie Perkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 1 year 1945 hour 7 minute 30 A. M.
21. I hereby certify that I attended the deceased from June 1, 1945, to Sept 1, 1945, that I last saw him alive on August 31, 1945, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Uremia	6 months
Due to: Hypertensive Cardio-Vascular disease	years
Due to:	
Other conditions (Include pregnancy within 3 months of death): Cardiac insufficiency	years

Major findings:
Of operations
Of autopsy 10 2

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 Wm. A. Gould (M.D. or other) DO
Address Iberia Mo Date signed 9/3/45

1017

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Miller- County Health Dept.
County File Number 45-46
Date Filed 9-30-45

OCT 1 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 Ed Casey

Licensed Embalmer No. 2694

P. O. Address Iberia 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.