S. No. 2
4—8-43
5-17-39
P 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

37947

State File No. 37947

FILED NOV 16 1945

Registration District No. 2-12 Primary Registration District No. 3044 Registrar's No. 41

1. PLACE OF DEATH:
(a) County Miller
(b) City or town Eldon
(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
In this community years, months or days)

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

3. (a) PRINT FULL NAME Laura Belle Shepherd
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 Edward H. Shephard
6. (c) Age of husband or wife if alive 71 years
7. Birth date of deceased November (Month) 14 (Day) 1877 (Year)

8. AGE: Years 64 Months 9 Days 21 If less than one day hr. min.

9. Birthplace Licking (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife
11. Industry or business

MOTHER FATHER
12. Name Sherrenn L. Mitchel
13. Birthplace Tennessee (City, town, or county) (State or foreign country)
14. Maiden name Sarah Ann Bradford
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant E. H. Shephard
(b) Address Eldon, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-6-1945 (Month) (Day) (Year)
(c) Place: burial or cremation Eldon Cemetery
18. (a) Signature of funeral director Phillips Funeral Home
(b) Address Eldon Missouri
19. (a) 9-6-45 (Date received local registrar) (b) Alvernetta Wolf (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September Day 5 year 1945 hour 3 minute 30A M.
21. I hereby certify that I attended the deceased from 2-1, 1945, to 9-5, 1945, that I last saw her alive on 9-5, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of colon	1 yr
Due to	
Due to	
Other conditions None (Include pregnancy within 3 months of death)	

Major findings:
Of operations —
Of autopsy 469

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 E. H. Shelton (M. D. or other)
Address Eldon Mo Date signed 9-6-45

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Miller County Health Dep't
County File Number 4578
Date Filed 10-6-45

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 James D. Phillips, Registered Apprentice No. _____, working under my personal supervision.

Signed James D. Phillips

Licensed Embalmer No. 3669

P. O. Address Cedar

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.