S. No. 2
OM—5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12605

FILED MAY 2 1946

Registration District No. 72 Primary Registration District No. 4134 Registrar's No. 49

1. PLACE OF DEATH:
(a) County Clay
(b) City or town Smithville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Smithville Community Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 days (Specify whether
In this community Lifetime years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Clay
(c) City or town Smithville
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country None

3. (a) PRINT FULL NAME Emma Lee Shepherd
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) ~~Single~~, widowed, ~~married~~, ~~divorced~~ Widowed
6. (b) Name of husband ~~or wife~~ John W. Shepherd
6. (c) Age of husband ~~or wife~~ if alive deceased years
7. Birth date of deceased May (Month) 14 (Day) 1863 (Year)
8. AGE: Years 82 Months 11 Days 11 If less than one day hr. min.
9. Birthplace Platte County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation House wife
11. Industry or business Same
MOTHER FATHER
12. Name George Cauender
13. Birthplace — (City, town, or county) Ky. (State or foreign country)
14. Maiden name Emaline Talbott
15. Birthplace — (City, town, or county) Ky. (State or foreign country)
16. (a) Informant Jesse C. Shepherd
(b) Address Smithville, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 27, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Smithville, Missouri
18. (a) Signature of funeral director McComas Funeral Home
(b) Address Smithville Missouri
19. (a) Apr. 27 - 1946 (Date received local registrar) Beulah Kitchen (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 25 year 1946 hour 7 minute a M.
21. I hereby certify that I attended the deceased from Jan 7, 1946, to April 7, 1946; that I last saw her alive on April 7, 1946; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral hemorrhage	
Due to: Hypertension	
Due to: Arteriosclerosis	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 [illegible] (M. D. or other)
Address Smithville Mo Date signed 4-26-46

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 5-2-46

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 Owen J. Boggess Jr.
Licensed Embalmer No. 3940
P. O. Address Smithville, Missouri

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.