

S. No. 2  
1-12-45  
5-17-39  
47070

DEPARTMENT OF COMMERCE  
BUREAU OF VITAL STATISTICS  
FILED MAR 21 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 8672  
Registrar's No. 163

Registration District No. 128 Primary Registration District No. 2000

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD  
9  
2  
6  
City

1. PLACE OF DEATH:  
(a) County Greene  
(b) City or town Springfield  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
655 East Monroe 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 two months (2) years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Greene 39  
(c) City or town Springfield  
(If outside city or town limits, write "RURAL") 6  
(d) Street No. 655 East Monroe Street  
(If rural, give location) 0  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MARY ANN SHEPPARD  
3. (b) If veteran, name war None 3. (c) Social Security No. None

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month February day 23  
year 1947 hour 5 minute 30 P.M.  
21. I hereby certify that I attended the deceased from Jan 7, 1947 to Feb 8, 1947  
that I last saw her alive on Feb 9, 1947,  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed  
6. (c) Age of husband or wife if alive deceased years

Immediate cause of death Cardiac failure Duration 1 mo.  
Due to Cachexia 2 yrs  
Due to Probable Malignancy 5 yrs  
History of malignancy  
Other conditions None  
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day  
77 1 25 hr. min.

PHYSICIAN  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
Underline cause of death  
SUPPLEMENTAL INFORMATION  
REQUESTED

9. Birthplace: Lee County, Virginia  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife  
11. Industry or business \_\_\_\_\_  
12. Name Williams  
13. Birthplace Unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lem Fisher (daughter)  
(b) Address 655 East Monroe Street  
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/25/1947  
(Month) (Day) (Year)  
(c) Place: burial or cremation Hazelwood Cemetery

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? ✓

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home  
(b) Address Springfield, Missouri  
19. (a) 2-24-47 (Date received local registrar) (b) W E Handley M D (Registrar's signature)

23. Signature H O Selsky (M. D. or other) \_\_\_\_\_  
Address Holland Bldg Date signed Feb 24 47

111

**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.....

*Harry S. Gray*....., Registered Apprentice No. *479*  
working under my personal supervision.

Signed *Jewell E. Winkle*.....

Licensed Embalmer No. *2831*

P. O. Address *Springfield 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.**