No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 9 1947

Registration District No. 158

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28063

Primary Registration District No. 5573

Registrar's No. 146

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Tarsney Lake Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Rural
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 8 Yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Tarsney Lake Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. Rural
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Charles W. Shepard
3. (b) If veteran, name war No
3. (c) Social Security No. 720-12-5714
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Zena D. Shepard
6. (c) Age of husband or wife if alive 45 years
7. Birth date of deceased July 4 1899 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	48	1	23	hr. min.

9. Birthplace (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Special Agt. Police
11. Industry or business Missouri Pac. Ry. Co.
FATHER
12. Name William B. Shepsrd
13. Birthplace (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Hattie F. Likins
15. Birthplace (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Zena D. Shepard
(b) Address Tarsney Lake Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 30 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Highland Park Cem. K.C. Ks.
18. (a) Signature of funeral director Mrs C. L. Forster
(b) Address 918 Brooklyn
19. (a) 8-29-47 (Date received local registrar) (b) Donald C. Earnshaw (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 27
year 1947 hour 10 minute 30A. M.
21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Coronary
Due to Occlusion
Due to 94A
Other conditions (Include pregnancy within 3 months of death) Deputy Coroner
Major findings:
Of operations
Of autopsy See Above

Duration

PHYSICIAN
Underline the cause of 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 A E Usher M.D.
Address 2800 Main 8/28/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

SEP 10 1947

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 Cortland Minor

Licensed Embalmer No. 3414

P. O. Address 918 Brooklyn

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.