

S. No. 2
DM-5-43
v. 5-17-39
X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 5 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28510**

Registration District No. **254** Primary Registration District No. **5867** Registrar's No. _____

1. PLACE OF DEATH:

(a) County **Oregon**

(b) City or town **Thayer**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **G**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community **Lifetime** years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Oregon** **75**

(c) City or town **Thayer**
(If outside city or town limits, write "RURAL") **1**

(d) Street No. _____ (If rural, give location) **0**

(e) Citizen of foreign country? _____ (Yes or No) **0**
If yes, name country _____

3. (a) PRINT FULL NAME **Elmer Shepard**

3. (b) If veteran, name war **--**

3. (c) Social Security No. **--**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **17**
year **1947** hour **7** minute **30 P.** 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.

4. Sex **Male** **0** **5. Color or race** **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Grace Helig Shepard**

6. (c) Age of husband or wife if alive **38** years

Immediate cause of death
Concussion of Brain
Internal Injury
Due to **Accident - Airplane wreck.**
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

7. Birth date of deceased **February** **26** **1909**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	38	4	21	hr. _____ min. _____

Major findings: **173-8**
Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause of death should be **ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED**

9. Birthplace **Thayer** **Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Auto and Implement Dealer**

22. If death was due to external causes, fill in the following

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____ **75**

(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? _____

11. Industry or business _____

12. Name **James Shepard**

13. Birthplace **Oregon County** **Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Michael**

15. Birthplace **Fulton County** **Arkansas**
(City, town, or county) (State or foreign country)

16. (a) Informant **James Orvis Shepard**

(b) Address **Thayer, Mo.**

17. (a) Burial (b) Date thereof **7/19/47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Thayer Cem.**

18. (a) Signature of funeral director **John Carter**
(Specify type of place) _____ (e) Means of injury _____

(b) Address **Thayer, Mo.**

19. (a) August 6, 1947 (b) **Edith Grace**
(Date received local registrar) (Registrar's signature) **21-8**

23. Signature **Geo. Dan** **7-18-47**
(City or town) (County) (State) (Date signed)

Address **Thayer, Mo.**

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

75
1
0

Corone

RECEIVED

District No. Officer No. 5,

District

847469

Date Filed

8-30-47

APR 19 1956

VS MAR 31 1960

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.....

Licensed Embalmer No.....

P. O. Address.....

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.