

No. 2  
12-45  
17-39  
X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED MAR 23 1948

THE STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

8315

State File No. \_\_\_\_\_  
Registrar's No. 18

Registration District No. \_\_\_\_\_ Primary Registration District No. 5376

1. PLACE OF DEATH:  
(a) County De Kalb Co  
(b) City or town TRUSSVILLE  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
4 miles West of Cameron  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution no. (Specify whether  
In this community 4 yrs. (Specify whether  
years, months or days)

3. (a) PRINT FULL NAME Martha Bell Shepherd.  
3. (b) If veteran, name war L 3. (c) Social Security No. L

4. Sex Female 5. Color or race W. 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife W. Shepherd 6. (c) Age of husband or wife if alive 71 years  
7. Birth date of deceased Aug 23 1873  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
74 6 12 hr. \_\_\_\_\_ min.

9. Birthplace Helena MO.  
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business \_\_\_\_\_

12. Name Geo. Patton  
13. Birthplace no record Va.  
(City, town, or county) (State or foreign country)

14. Maiden name Frances Turnipseed  
15. Birthplace no record no record  
(City, town, or county) (State or foreign country)

16. (a) Informant Elmer Shepherd  
(b) Address Cameron Mo

17. (a) Burial (b) Date thereof Mar-8-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Osborn Funeral Home

18. (a) Signature of funeral director Poland Funeral Home  
(b) Address \_\_\_\_\_

19. (a) 3-10-48 (b) P. Davidson  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County De Kalb  
(c) City or town 4 miles West of Cameron  
(If outside city or town limits, write "RURAL")  
(d) Street No. Rural (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country L

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5  
year 1948 hour \_\_\_\_\_ minute 6:30 P. M.

21. I hereby certify that I attended the deceased from March 4  
1948 to March 5 1948.  
that I last saw her alive on March 5 1948.  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 2 day  
Due to arteriosclerosis

Due to \_\_\_\_\_  
Other conditions Diabetic Mellitus 4 yrs.  
(Include pregnancy within 3 months of death) **PHYSICIAN**

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy 61  
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?

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury 2  
23. Signature T. H. ... (M. D. or other) 200  
Address Cameron, Mo Date signed 4/6/48

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

32  
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APR 20 1948

DISTRICT HEALTH OFFICE  
Cameron, Mo.

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 George P. Trammell

Licensed Embalmer No. 4425

P. O. Address 309 1/2 West 3rd

Cameron, 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.