

FILED MAY 4 1948

Registration District No. 226

Primary Registration District No. 5818

Registrar's No. 22

1. PLACE OF DEATH:

(a) County Morgan
(b) City or town Rural-Moreau Twn.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
8 mi. N.E. Versailles 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 70 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Morgan 71
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. Moreau Twn. 0
(If rural, give location)
(e) Citizen of foreign country? No 0 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27
year 1948 hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____

Coronary Thrombosis

Due to 8 miles Northeast of Versailles Mo.

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

Duration

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 4-27-48

(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) _____
(M. D. or other) Coroner

23. Signature Bird L. Medicus (M. D. or other) _____

Address Versailles Mo. Date signed 4-29-48

3. (a) PRINT FULL NAME CHARLES EDWARD SHEPP

3. (b) If veteran, * name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Amandia Lehman 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan. 8th 1863
(Month) (Day) (Year)

8. AGEs. Years Months Days If less than one day
85 4 19 hr. min.

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

10. Usual occupation Retired Farmer

11. Industry or business _____

12. Name No Record 9

13. Birthplace (City, town, or county) (State or foreign country) _____

14. Maiden name No Record 9

15. Birthplace (City, town, or county) (State or foreign country) _____

16. (a) Informant Hiram Shepp

(b) Address Versailles, Mo.

17. (a) Burial (b) Date thereof 1-May-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Marie View Cem.

18. (a) Signature of funeral director W. F. Radwell

(b) Address Versailles, Mo.

19. (a) 5-1-48 (b) J. L. Washburn (Date received local registrar) (Registrar's signature) L.O.K.

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

RECEIVED

District Health Officer No. 74

District File Number 4-41-459

Date Filed 5-3-48

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.....

Raymond Locker....., Registered Apprentice No. 212
working under my personal supervision.

Signed W. F. Kuchell.....

Licensed Embalmer No. 1596

P. O. Address W. F. Kuchell No

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.