

FILED JUN 9 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18377

Registration District No. 325

Primary Registration District No. 4478

Registrar's No. 19

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

1. PLACE OF DEATH

(a) County Schuyler
(b) City or town Lancaster
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ✓
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ✓ (Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Schuyler
(c) City or town Lancaster 90
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ✓

3. (a) PRINT FULL NAME

Eugene Early Shepherd

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Adeline Shepherd 6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased March 19 1866
(Month) (Day) (Year)

8. AGE: Years 82 Months 1 Days 18 If less than one day hr. _____ min. _____

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

10. Usual occupation Retired Farmer

11. Industry or business _____

12. Name William Perry Shepherd

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

14. Maiden name Mrs. Susan Bruce

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

16. (a) Informant Edson Shepherd

(b) Address Lancaster, Missouri

17. (a) Burial (b) Date thereof 5-9-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ami Memorial

18. (a) Signature of funeral director P. P. Tanton

(b) Address Lancaster, Missouri

19. (a) June 4, 48 (b) Mrs. A. J. Vacker
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6
year 1948 hour 7:55 minute _____ P. M.
21. I hereby certify that I attended the deceased from May 5, 1948, to May 6, 1948;
that I last saw him alive on May 6, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to arterio-sclerosis

Due to _____

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

Major findings: 50W
Of operations _____
Of autopsy _____

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)

White at work? _____ (e) Means of injury 2

23. Signature R E Vaughn (M. D. or other) D.O.

Address Lancaster, Mo Date signed May 6

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

1948

RECEIVED
District Health Officer No. 10
District File Number 6-48-986
Date Filed JUN 8 - 1941

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 P. O. Fenton

Licensed Embalmer No. 3705

P. O. Address Cambridge, Mass.

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.