DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 5 1948

Registration District No. 113

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22765

Primary Registration District No. S428

Registrar's No. 18

1. PLACE OF DEATH:

(a) County Franklin

(b) City or town Sullivan, Mo. Rural, Boone Township
(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 Entire Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin

(c) City or town Sullivan, Mo. Rural
(If outside city or town limits, write "RURAL")

(d) Street No. RFD 1
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME BERTHA WILHEMINA SHEPHERD

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

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

6. (b) Name of husband or wife Francis Marion 6. (c) Age of husband or wife if alive -- years

7. Birth date of deceased October (Month) 1 (Day) 1872 (Year)

8. AGE: Years 75 Months 8 Days 14 If less than one day ..... hr. ..... min.

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

10. Usual occupation Housewife

11. Industry or business --

FATHER
12. Name H. D. Hecht
13. Birthplace Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Romy Shepherd
(b) Address Sullivan, Missouri

17. (a) JBuria 7 11 948 (Burial, cremation, or removal) (b) Date thereof June 17, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Schmidt Cemetery, Strain, Missouri

18. (a) Signature of funeral director Ernst L. Oltmann
(b) Address Gerald Missouri

19. (a) 6-16-48 (Date received local registrar) (b) G. L. Matthews (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month June day 15 year 1948 hour 5:00 minute A. M.

21. I hereby certify that I attended the deceased from June 4 1948 to June 15 1948 that I last saw her alive on June 14 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Gangrene of leg	3 da
Due to Gen Arteriosclerosis	
Due to	
Other conditions Cerebral Apoplexy (Include pregnancy within 3 months of death)	6 da

Major findings:
Of operations No operation
Of autopsy No autopsy

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 .....
(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 G. L. Matthews M.D. (M. D. or other)
Address Beaufort Mo Date signed 6-16-48

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 9
District File Number
Date Filed AUG 2 1948

Sep 1 - 1948
Sep 1 - 1948

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 Ernst L. Oltmann

Licensed Embalmer No. 4054

P. O. Address Gerald, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.