

REC'D JUL 17 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

22395  
Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 421  
 (b) Township Jasper Primary Registration District No. 2007 Registered No. \_\_\_\_\_  
 (c) City Jasper (d) Street No. 2028 Pearl St. \_\_\_\_\_  
 (If death occurred in hospital or institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.  
 2. PRINT FULL NAME Laura V. Shepard  
 (a) Residence, No. 2028 Pearl St. 44 (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF W.A. Shepard  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 25 - 1860  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
79 2 3  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired  
 9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 28, 1939  
 I HEREBY CERTIFY That I attended deceased from June 21, 1939, to June 28, 1939.  
 First saw him alive on June 28, 1939. Death is said to have occurred on the date stated above, at 2:50 P.M.  
 The principal cause of death and related causes of importance were as follows:  
Cerebral Hemorrhage - R side. Date of onset \_\_\_\_\_

Other contributory causes of importance: J2H

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wellman  
 13. NAME John D. Taylor  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Duquesne Pa  
 15. MAIDEN NAME Elizabeth Gram  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va  
 17. INFORMANT (ADDRESS) Jas V. Shepard  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Jasper DATE June 30, 1939  
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. H. ...  
 20. FILED 6-30-39 21 Jasper Local Registrar.

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_  
 23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_  
 Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_  
 Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) J. J. ... M. D.  
 (Address) 401 ...

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Jasper, Mo. 6/28/39

RECEIVED

District Health Officer No. 6,

District File Number 739-1410

Date Filed JUL 10 1939

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**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, above space should be left blank.**