

FILED FEB 25 1940

Registration District No. 347

Primary Registration District No. 3018

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Clinton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
901 N 2nd St
(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) 12 yrs

3. (a) PRINT FULL NAME Francis M Shepherd

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 _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 3 1858
(Month) (Day) (Year)

8. AGE: Years 81 Months 8 Days 13 If less than one day _____ hr. _____ min.

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

10. Usual occupation Carpenter

11. Industry or business _____

MOTHER FATHER { 12. Name Mathias Shepherd

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

14. Maiden name Mathias James

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

16. (a) Informant's own signature Percy Wharr

(b) Address Clinton Mo

17. (a) Burial (b) Date thereof 1-17-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Congregation

18. (a) Signature of funeral director Edna Wilbur

(b) Address Clinton Mo

19. (a) 1-20-40 (b) Walter R. Kunkin
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry
(c) City or town Clinton
(If outside city or town limits, write "RURAL")
(d) Street No. 901 N 2nd St
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 16
year 1940 hour 3 minute 30 A-M.

21. I hereby certify that I attended the deceased from Jan 16, 1940
that I last saw him alive on Jan 12, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia, due to chronic
Due to Intestinal neglect enter

Due to _____
Other conditions none
(Include pregnancy within 3 months of death)

Major findings: none
Of operations _____
Of autopsy me

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? no (Specify type of place) (e) Means of injury _____

23. Signature S B Hughes (M. D. or _____)
Address Clinton, Mo Date signed 1/16/40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

RECEIVED
District Health Officer No. 7,
District File Number 2-40-297
Date filed 2-14-48

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.....

..... Registered Apprentice No.

working under my personal supervision.

Signed Red Wilkerson

Licensed Embalmer No. 2478

P. O. Address Clinton 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, above space should be left blank.