DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 2909

Registration District No. 1054 Primary Registration District No. 1631 Registrar's No. 1

**1. PLACE OF DEATH:**
(a) County Lawrence Township Red Oak
(b) City or town Rural Route 2 - Sarcoxie, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 40 yrs. 1 mo. (Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**
(a) State Missouri (b) County Lawrence
(c) City or town Route 2 - Sarcoxie
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME James Alvin 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 Married
6. (b) Name of husband or wife Sadie Gertrude
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May (Month) 23 (Day) 1881 (Year)

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 58 | 7 | 22 | hr. min. |

9. Birthplace Clayton (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Farmer
11. Industry or business

FATHER
12. Name William W Shepherd
13. Birthplace Indiana (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Rachel Anderson
15. Birthplace Russell Co. (City, town, or county) Virginia (State or foreign country)

16. (a) Informant's own signature Mrs Sadie Shepherd
(b) Address Route 2 - Sarcoxie, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 18, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Harvey Cemetery
18. (a) Signature of funeral director Knecht Mortuary
(b) Address Carthage, Missouri
19. (a) Jan 17 40 (Date received local registrar) (b) Otto Wilson (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month January day 15th year 1940 hour 10 minute PM. M.
21. I hereby certify that I attended the deceased from Jan. 15, 1940, to Jan. 15, 1940; that I last saw him alive on January 15, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Sclerosis — Duration
Due to Arteria Sclerosis
Due to
Other conditions (Include pregnancy within 3 months of death) 9470
Major findings: Of operations
Of 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 Leroy Simmons (M. D. or other) M. D.
Address Sarcoxie, Mo. Date signed 1/16/40

(Licensed Embalmer's Statement on Reverse Side)

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. 6,
District File Number 240-515
Date Filed FEB 14 1940

**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. 391

P. O. Address.....

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

**If this body is not embalmed, above space should be left blank.**