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DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32285

FILED OCT 16 1941

Registration District No. 684

Primary Registration District No. 4408

Registrar's No. 29

1. PLACE OF DEATH: Pike
 (a) County Bowling Green 2
 (b) City or town Bowling Green 2
 (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 1 years, months or days)

3. (a) PRINT FULL NAME Melissa Shepherd
 3. (b) If veteran, name war y
 3. (c) Social Security No. _____

4. Sex Female 5. Color or race color
 6. (a) Single, widowed, married, divorced, widowed
 6. (b) Name of husband or wife W. Shepherd
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased July 3 1882
 (Month) (Day) (Year)

8. AGE: Years 59 Months 2 Days 23
 If less than one day hr. _____ min. _____

9. Birthplace Ashley Mo 0
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Walter Gibbs

13. Birthplace Pike Co Mo 0
 (City, town, or county) (State or foreign country)

14. Maiden name Emma Sumner

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

16. (a) Informant Leroy Gibbs

(b) Address Bowling Green Mo

17. (a) Burial (b) Date thereof 9 29 1941
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Courtsville Mo

18. (a) Signature of funeral director Walter Bankhead

(b) Address Bowling Green Mo

19. (a) 9-30-41 (b) W. Sumner
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Pike 082
 (c) City or town Bowling Green Mo 0
 (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.? 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 26
 year 1941 hour 2 minute 20 p.m.

21. I hereby certify that I attended the deceased from _____, 1938, to Sept, 1941;
 that I last saw her alive on Sept 24, 1941,
 and that death occurred on the date and hour stated above.

Immediate cause of death PERNICIOUS ANEMIA
 Due to SENILITY

Due to CHR. ARTHRITIS

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

Major findings: Of operations 13a
 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) (e) Means of injury _____

23. Signature W. Blocker (M. D. or other) _____
 Address Bowling Green Mo Date signed 9-29-41

Duration 3 yrs.
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

FEB 19 1942

FEB 20 1942

RECEIVED

District Health Officer No. 10

District File Number 10-41-1795

Date Filed OCT 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 *Grace Bankhead*

Licensed Embalmer No. 2204

P. O. Address *Bowling Green*

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.