

FILED SEP 28 1943 49

Registration District No.

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Marys Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 weeks 1 day
In this community 25 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mrs. Mary Lee Shepard

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife ClaBorne P. Shepard 6. (c) Age of husband or wife if alive dec. years
7. Birth date of deceased Oct. 4, 1866
(Month) (Day) (Year)

8. AGE: Years 76 Months 11 Days 7 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business At Home

MOTHER FATHER { 12. Name A. R. Goodman
13. Birthplace Richman, Va
(City, town, or county) (State or foreign country)
14. Maiden name Catherine Huff
15. Birthplace Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lucile Johnson
(b) Address 6303 Indep. Ave. K.C. Mo.

17. (a) Burial (b) Date thereof Sept. 14-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Washington Cemetery

18. (a) Signature of funeral director Sheil Funeral Home
(b) Address 6606 Indep. Ave. K.C. Mo.

19. (a) 9-13-43 (b) J. E. Brown, Supr.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 6303 Independence Ave.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 11
year 1943 hour -- minute -- M.

21. I hereby certify that I attended the deceased from August 6, 1943
to Sept 11, 1943
that I last saw her alive on Sept 10, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac thrombus Duration 2 mo
section

Due to Hypertensive heart disease >

Due to Arteriosclerosis >

Other conditions (include pregnancy within 3 months of death) 131 f

Major findings: Of operations 131 f PHYSICIAN

Of autopsy 131 f 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? _____

While at work? (Specify type of place) (e) Means of injury _____

23. Signature Richard L. Selman M.D. or other M.D.
Address Olga Med Bldg Date signed 9-13-43

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

Dr. L.P. Engel Plaza Med.

after 12 noon

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 John P. Shiel

Licensed Embalmer No. 3625

P. O. Address 66 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, fact should be so stated above.