

FILED JAN 3 1944/49

Registration District No. _____ Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Jackson

(c) Name of hospital or institution West H. Nettleton Home
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution 3 yrs. 8 mos
(If not in hospital or institution, write street number or location)

In this community same years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 5725 Sycamore Pk. Way
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mrs Irene Sheperdson

3. (b) If veteran, name war No

3. (c) Social Security No. NO

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 14
year 1943 hour 2 minute P.M.

21. I hereby certify that I attended the deceased from Nov 3
1943 to Dec 14 1943
that I last saw her alive on Dec 14 1943
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race white

6. (a) Single, widowed, married. 2 divorced widower

6. (b) Name of husband or wife Calvin A. Sheperdson

6. (c) Age of husband or wife if alive 29 years (Month) (Day) (Year)

7. Birth date of deceased July 29 1871
(Month) (Day) (Year)

Immediate cause of death: Coronary Thrombosis
Hypertensive Hemiparesis & Paralysis
Due to insufficiency Duration 14 ds.

Due to 94a

8. AGE: Years 72 Months 4 Days 25
If less than one day _____ hr. _____ min.

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

10. Usual occupation none

11. Industry or business _____

MOTHER FATHER

12. Name Chauncey Chapman

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

14. Maiden name Emily Hewitt

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

Other conditions (Include pregnancy within 3 months of death) Central Insufficiency a number of yrs

Major findings: PHYSICIAN

Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

16. (a) Informant West H. Nettleton Home Records

(b) Address 5725 Sycamore Pk. Way

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-16-43
(Month) (Day) (Year)

(c) Place: burial or cremation Olmsted Cemetery

18. (a) Signature of funeral director Stine-McCluskey

(b) Address Kansas City, Mo.

19. (a) 12-17-43 (b) H. E. Brown
(Date received local registrar) (Registrar's signature)

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)

23. Signature John L. Lapp (M.D. or other) Ph.D.
Address 1314 Poplar St. St. Louis Date signed 12/15/43

Prof. H. B. Smith
11 A.M.

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 H. Hurley
Licensed Embalmer No. 4050

P. O. Address: Kansas City, 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.