

FILED AUG 14 1944

State File No. \_\_\_\_\_

Registration District No. \_\_\_\_\_ Primary Registration District No. 5-950 Registrar's No. 39

1. PLACE OF DEATH:  
(a) County Pike  
(b) City or town Hardford Twp. Indian Mts. Rural  
(c) Name of hospital or institution: \_\_\_\_\_  
(If outside city or town limits, write "RURAL" and name of township)  
(If not in hospital or institution, write street number or location) 1  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community 25 years years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Pike  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? --- (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Fred Wm Shepard  
3. (b) If veteran, --- name war \_\_\_\_\_  
3. (c) Social Security No. ---

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month July day 22 year 1944 hour 10 minute 500 P.M.  
21. I hereby certify that I attended the deceased from Sept 5, 1941 to July 22, 1944 that I last saw him alive on July 22, 1944 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race N  
6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

Immediate cause of death Cerebral hemorrhage

7. Birth date of deceased: Sept 21 1876  
(Month) (Day) (Year)

Due to Chronic Osteomyelitis of hip

8. AGE: Years 67 Months 10 Days 6 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Due to \_\_\_\_\_

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

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

10. Usual occupation Retired farmer  
11. Industry or business Farmer  
12. Name Jacob G. Shepard  
13. Birthplace Hardford Twp. Indian Mts. Rural  
14. Maiden name Mary Jane Johnson  
15. Birthplace Kentucky  
(City, town or county) (State or foreign country)

Major findings: Of operations 131a  
Of autopsy \_\_\_\_\_

16. (a) Informant Bert W. Dawson  
(b) Address Middleton Mo.  
17. (a) Burial (b) Date thereof July 24-44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Wesley Cemetery

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? \_\_\_\_\_

18. (a) Signature of funeral director W. H. Wells  
(b) Address Middleton Mo  
19. (a) July 29-44 (b) Mrs. Frank Gacy  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_  
23. Signature A. [unclear] (M. D. or \_\_\_\_\_)  
Address Middleton Date signed 7/29/44

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

200

Bob Hopke

Mrs. Frank Gordon

RECEIVED  
DEPARTMENT OF HEALTH  
CEREBER No. 10  
District File Number 8-44-1464  
Date Filed AUG 11 1944

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 Self.

Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed A. B. Wells

Licensed Embalmer No. 1588

P. O. Address Kelleville, 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.