

S. No. 2
M-5-43
v. 5-17-39
p. 1 X38671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 17 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12088
Registrar's No. 1394

Registration District No. 149 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 Kansas City
(c) Name of hospital or institution: K. C. General Hospital No. 1
(d) Length of stay: 1 day
In this community 17 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(d) Street No. 3219 Forest
(e) Citizen of foreign country? No.
If yes, name country ✓

3. (a) PRINT FULL NAME Albert Shepherd
3. (b) If veteran, name war none
3. (c) Social Security No. none

4. Sex M. 5. Color or race Wh. 6. (a) Single, widowed, married, divorced 2
6. (b) Name of husband or wife Josephine 6. (c) Age of husband or wife if alive years
7. Birth date of deceased April 5 1884

8. AGE: Years 60 Months 11 Days 18 If less than one day hr. min.

9. Birthplace Frammingham Mass.

10. Usual occupation Musician

11. Industry or business Retired

MOTHER FATHER

12. Name Not known

13. Birthplace "

14. Maiden name Not known

15. Birthplace "

16. (a) Informant Florence Shepherd

(b) Address Grand Junction, Colo.

17. (a) Cremation (b) Date thereof 3/26/45

(c) Place: Elmwood Cem.

18. (a) Signature of funeral director J.P. Davis Funeral Home

(b) Address 3400 Woodlawn

19. (a) 3-26-45 (b) P. E. Brown

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23
year 1945 hour 6 minute A. M.

21. I hereby certify that I attended the deceased from March 22, 19 45 to March 23, 19 45
that I last saw him alive on March 23, 19 45
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac decompen- Duration
sation

Due to 95C

Due to 95C

Other conditions 95C
(include pregnancy within 3 months of death)

Major findings:
Of operations None

Of autopsy None

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? _____

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

23. Signature Ed. Dir. Gen'l Hosp. (M. D. or other) 100
Address Gen'l Hosp. Date signed 3-23-45

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

Ray Duffington

Licensed Embalmer No. *2756*

P. O. Address *120 920*

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.