

No. 2
DM-5-43
v. 5-17-39
I X36671

FILED APR 24 1946
Registration District No. **158**

Primary Registration District No. **5572**

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

1. PLACE OF DEATH:
 (a) County **Jackson**
 (b) City or town **Rural Prairie**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution **Jackson Co Emergency Hospital**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **12 hours**
(Specify whether)
 In this community **8 yrs**
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Jackson 48**
 (c) City or town **Grain Valley**
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? **no** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAMES **Joseph Franklin Shepherd**
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **Feb** Day **10** P
 year **1946** hour **7:00** minute _____ M.

4. Sex **MO** 5. Color or race **W**
 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife **Mary Elizabeth**
 6. (c) Age of husband or wife if alive **85** years
 7. Birth date of deceased **Jan 31 - 1858**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw him _____ alive or _____, 19____;
 and that death occurred on the date and hour stated above.

8. AGE: Years **88** Months **0** Days **10**
 If less than one day _____ hr. _____ min.

Immediate cause of death **Deputy Coronar Shock**
 Due to **Fracture of Rt. Hip**
 Due to **Injury by fall.**
 Other conditions _____
(Include pregnancy within 3 months of death)

9. Birthplace **Grain Valley Mo**
(City, town, or county) (State or foreign country)

Major findings: _____
 Of operations _____
 Of autopsy **18 18**
PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

10. Usual occupation **Retired Farmer**

11. Industry or business _____

12. Name **Joseph Shepherd**

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

14. Maiden name **Mary Clark**

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

16. (a) **Mrs Mary Shepherd**
 (b) Address **Grain Valley Mo**

17. (a) **Burial** (b) Date thereof **7-13-46**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Bluesprings Mo**

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide **Accident 48**
 (b) Date of occurrence **2/10/46**
 (c) Where did injury occur? **Grain Valley Mo**
(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 **Mary B. Welch, Jr**
 (b) Address **Bluesprings Mo**

While at work? **No** (Specify type of place) _____
 (c) Manner of injury **Illness**
 23. Signature **A. G. Usher** (M. D. or other) _____
 Address **2800 Main** Date **2/11/46**

19. (a) **3/2/46** (b) **W. S. Jones**
(Date received local registration) (Registrar's signature)

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..... *R. B. Leubke*

Licensed Embalmer No. *2357*

P. O. Address *Blue Springs 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.

[Handwritten signature]