S. No. 2
M—8-43
5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 5191

FILED MAR 5 1947

Registration District No. 15

Primary Registration District No. 3028

Registrar's No. 34

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Carthage
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: McCune Brooks Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2½ Hours (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton 73

(c) City or town Diamond 0
(If outside city or town limits, write "RURAL")

(d) Street No. 1
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Clayton SHEPHERD

3. (b) If veteran, name war World War #2

3. (c) Social Security No. No

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased January (Month) 25 (Day) 1905 (Year)

8. AGE: Years 42 Months 0 Days 20 If less than one day hr. min.

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

10. Usual occupation Mechanic

11. Industry or business

FATHER
12. Name James W. Shepherd
13. Birthplace Unknown (City, town, or county) N. C. (State or foreign country)

MOTHER
14. Maiden name Sarah M. Knight
15. Birthplace Jenkins, (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Mr. Carl Shepherd
(b) Address Diamond, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2 (Month) 17 (Day) 47 (Year)
(c) Place: burial or cremation IOOF Cemetery at Newtonia, Mo.

18. (a) Signature of funeral director Ed. C. Ulmer
(b) Address Carthage, Mo.

19. (a) 2-19-47 (Date received local registrar) (b) L. B. Clayton M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 14th. year 1947 hour 11:20 minute P. M.

21. I hereby certify that I attended the deceased from Did Not Attend 19 ; that I last saw him alive on 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Internal

Due to Hemorrhage

Due to Car Hit Tractor on Hi way #71

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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) Accident 73

(b) Date of occurrence 2/14/47

(c) Where did injury occur? R R (City or town) Newton (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place Hi way #71 (Specify type of place)

While at work? No (e) Means of injury Auto accident

23. Signature D. W. Derfelt (M. D. or other) D.O.

Address Joplin, Mo. Date signed 2-17-47

(Licensed Embalmer's Statement on Reverse Side)

47-2-121

MAR 26 1947

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 Gene. C. Pugh.

Gene. C. Pugh.

Licensed Embalmer No. 4231

P. O. Address Carthage, 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.