S. No. 2
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P I X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 21 1947

Registration District No. 209

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3043

State File No. 9984

Registrar's No. 95

1. PLACE OF DEATH:

(a) County Marion

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

(c) Name of hospital or institution: 1819 Broadway
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion 64

(c) City or town Hannibal 3
(If outside city or town limits, write "RURAL")

(d) Street No. 1819 Broadway 4
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country —

3. (a) PRINT FULL NAME Daisy Ellen Shepard

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Female

5. Color or race white

6. (a) Single, widowed, married, divorced Widowed 23

6. (b) Name of husband or wife Thomas "Dode" Shepard

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

7. Birth date of deceased August (Month) 10 (Day) 1869 (Year)

8. AGE:

Years	Months	Days	If less than one day
77	5	26	— hr. — min.

9. Birthplace Cole County (City, town, or county) Illinois (State or foreign country) 1

10. Usual occupation —

11. Industry or business —

FATHER
12. Name Ely Neese
13. Birthplace unknown (City, town, or county) (State or foreign country) 9

MOTHER
14. Maiden name Nancy Jane Decker
15. Birthplace unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Mrs. Delyght Brown 1

(b) Address 1819 Broadway, Hannibal, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 8, 1947 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olivet Cemetery

18. (a) Signature of funeral director Roy P. Schwarz

(b) Address 1010 Broadway, Hannibal, Mo.

19. (a) 3-10-47 (Date received local registrar) (b) Dr. E. M. Lucke (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 6 year 1947 hour 1 minute 45 A. M.

21. I hereby certify that I attended the deceased from 1 March 1947, 1947, to 6 March, 1947, that I last saw her alive on 5 March, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to

Due to

Other conditions Bronchopneumonia
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy 83 A

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)

(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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature M. Rollin M.D. (M. D. or other)

Address 113 a S. Main Date signed 7 March/47

149 (Licensed Embalmer's Statement on Reverse Side) Hannibal Mo

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 Paul Richard Brown

Licensed Embalmer No. 4324

P. O. Address Hannibal, 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..