

FILED AUG 9 1947
Registration District No. **13474**

Primary Registration District No. **6064**

1. PLACE OF DEATH:

(a) County **St. Clair**
(b) City or town **Osceola (Rural)**
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: **1st of Life** In hospital or institution (Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Clair**
(c) City or town **Osceola (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 NAME **Albert Lee Shepherd**

3. (b) If veteran, **No** name war _____ 3. (c) **No** Security No. _____

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Glady's Shepherd** 6. (c) Age of husband or wife if alive **59 49** years

7. Birth date of deceased **January 9 1885**
(Month) (Day) (Year)

8. AGE **62** Years **6** months **16** days If less than one day
hr. min.

9. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

MOTHER FATHER

11. Industry or business _____

12. Name **Charles B. Shepherd**

13. Birthplace **Christian County Missouri**

14. Maiden name **Manza Wallace** (State or foreign country)

15. Birthplace **Hickory County Missouri** (City, town, or county) (State or foreign country)

16. (a) Informant **William Shepherd**

(b) Address **Osceola Missouri**

17. (a) **Burial** (b) Date thereof **7-27-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Bearcreek Cemetery**

18. (a) Signature of funeral director **F.B. Goodrich**

(b) Address **Osceola Missouri**

19. (a) **7-25-48** (b) **Keith Seeks**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **24**
year **1947** hour **9** minute **A** M.

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

Immediate cause of death **Suicide**
Died as a result of gun shot wound self inflicted.

Due to _____
Due to _____

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) **Suicide**
(b) Date of occurrence **July 24 1947 9 A.M.**
(c) Where did injury occur? **Osceola St. Clair**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
At home

While at work? _____ (Specify type of place)
Mean of injury **gun shot**

23. Signature **Keith Seeks** (M.D. or other)
Address **Osceola Mo** Date signed **7/24/47**

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

RECEIVED
OFFICE NO. 7,
7-47-928
8-8-47
District No. 1
Date Filed

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 J. B. Goodrich

Licensed Embalmer No. 3038

P. O. Address Ossage, 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.