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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 25 1947

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 26891

Registration District No. 42 | Primary Registration District No. 1000 | Registrar's No. 980

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

**1. PLACE OF DEATH:**

(a) County Buchanan

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

(c) Name of hospital or institution: 614 Mt. Mora
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether
In this community, years, months or days) About 40 Years

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")

(d) Street No. 614 Mt. Mora
(If rural, give location)

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

If yes, name country *

3. (a) PRINT FULL NAME George Luther Shepherd

3. (b) If veteran, name war None

3. (c) Social Security No. 491-10-1551

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Myrtle

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

7. Birth date of deceased August (Month) 18 (Day) 1880 (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---|---|---|---|---|
| ✓ | 66 | 11 | 24 | hr. min. |

9. Birthplace Lorimor (City, town, or county) Iowa (State or foreign country)

10. Usual occupation Laborer (Retired)

11. Industry or business Mo. Iron & Metal Co.

FATHER
12. Name Lorenzo Shepherd
13. Birthplace Unknown (City, town, or county) (State or foreign country) 9

MOTHER
14. Maiden name Elizabeth Wilson
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country) 9

16. (a) Informant Mr. Orville Shepherd
(b) Address 614 Mt. Mora Rd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 14, 47 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cem.

18. (a) Signature of funeral director Herman Wm Sidenfader
(b) Address 1802 Union St. St. Joseph, Mo.

19. (a) Aug 15, 1947 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature) 242

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month August day 12 year 1947 hour 3 minute 00 A. M.

21. I hereby certify that I attended the deceased from Mar. 1, 1945, to Aug. 12, 1947 that I last saw him alive on Aug. 12, 1947 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death cerebral hemorrhage | 1 hr. |
| Due to chronic hypertension | 2 yrs. |
| Due to chronic hypocarditis | 2 yrs. |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: Of operations | |
| Of autopsy | |

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PHYSICIAN

Underline the cause of 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

23. Signature W. M. Toothaker (M. D. or other)

Address Kirkpatrick Bldg. St Joseph Mo Date signed 8/13/47.

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 Max W. Kirkendall, Registered Apprentice No. 86, working under my personal supervision.

Signed. Elmer Thomas

Licensed Embalmer No. 2640

P. O. Address St. Joseph M

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.