

STANDARD CERTIFICATE OF DEATH

State File No. 23260

Registration District No. 150

Primary Registration District No. 5572

Registrar's No. 129

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town KANSAS

(c) Name of hospital or institution: Jackson Co. Home 5

(d) Length of stay: In hospital or institution 78 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City

(d) Street No. _____

(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Celsus Shepard

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife unknown

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

7. Birth date of deceased Feb. 5 1870

8. AGE: Years 78 Months 4 Days 26

If less than one day hr. _____ min. _____

9. Birthplace Platte Co. Mo.

10. Usual occupation farmer

11. Industry or business _____

12. Name John Shepard

13. Birthplace Missouri

14. Maiden name Arzella Kimsey

15. Birthplace Missouri

16. (a) Informant Mrs. F. M. Hulett

(b) Address Platte City, Mo.

17. (a) removal (b) Date thereof 7-1-48

(c) Place: burial or cremation Hampton, Mo.

18. (a) Signature of funeral director Rollins & Mitchell

(b) Address Platte City, Mo.

19. (a) 7-9-48 (b) Donald C. Earnshaw

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1 year 48 hour 47 minute 08 M.

21. I hereby certify that I attended the deceased from 25 Mar. 48 to July 1 48

that I last saw him alive on July 7 48 and that death occurred on the date and hour stated above.

Immediate cause of death Uremia

Due to Inanition

Duration 12 hrs

Other conditions Fractured left hip 2 months

Major findings: Multiple decubitus ulcers

Physician 1860

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? _____

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (e) Means of injury _____

Signature Frank E. Trehan Date signed 7/1/48

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

47
39
3906

620708

1971

1001

6

1001

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. H. Brill

Licensed Embalmer No. *837*

P. O. Address: *Weston 200*

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.