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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED NOV 6 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

33094
State File No. _____
4278
Registrar's No. _____

Registration District No. 149

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
8018 Walrond
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 30 Yrs.
years, months or days)

3. (a) PRINT FULL NAME Mary A. Shepherd

3. (b) If veteran, name war No

3. (c) Social Security No. 492-26-0099

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Bert A. Shepherd

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased Feb. 21 1903
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

45 7 27 _____ hr. _____ min.

9. Birthplace Wiseman Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name William Henry Rogers

13. Birthplace Unknown Georgia
(City, town, or county) (State or foreign country)

14. Maiden name Martha E. Dillard

15. Birthplace Unknown Georgia
(City, town, or county) (State or foreign country)

16. (a) Informant Bert A. Shepherd

(b) Address 8018 Walrond

17. (a) Burial (b) Date thereof 10/21/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn Home.

18. (a) Signature of funeral director Earp & Sons

(b) Address 4139 E. 15th. St.

19. (a) 10-20-48 (b) Thelma Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 8018 Walrond
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 18
year 1948 hour 7: minute 30 P.M.

21. I hereby certify that I attended the deceased from 10-17
1947, to 10-18 1948
that I last saw her alive on 10-18 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis of Larynx
Duration 1 yr

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 13 1/2

Major findings:
Of operations _____

Of autopsy _____

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? _____

While at work? H. R. Lyddon, Jr.
(Specify type of place) (Means of injury)

23. Signature [Signature] (M. D. or other) _____
Address 1027 E. 15th, Kansas signed 10-18-48

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

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.....

William K. Carp

Registered Apprentice No. *241*

working under my personal supervision.

Signed.....

John B. Carp

Licensed Embalmer No. *2555*

P. O. Address *19. C. 5th*

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.