

No. 309
10.48

73

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

BIRTH NO. _____ REG. DIST. NO. 322 PRIMARY REG. DIST. NO. 6087 Registrar's No. 30

1. PLACE OF DEATH a. COUNTY <u>Saline</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Gilliam, R.F.D.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>R.F.D. Gilliam</u>	
c. LENGTH OF STAY (in this place) <u>70 yrs</u>		d. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>none</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Willie</u> b. (Middle) <u>Ann</u> c. (Last) <u>Shepard</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April-24-'49</u>
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Jan. 6th 1870</u>
9. AGE (In years last birthday) <u>79</u>		IF UNDER 1 YEAR Months <u>3</u> Days <u>18</u>	IF UNDER 2 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Saline County, Mo.</u>
13a. FATHER'S NAME <u>Rafe Goodman</u>		13b. MOTHER'S MAIDEN NAME <u>Katherine Huff</u>	14. NAME OF HUSBAND OR WIFE <u>dead</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ruby Shepard, R.F.D. Gilliam, Mo</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lobar Pneumonia</u> ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. As for conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Valvular Heart Disease</u>			INTERVAL BETWEEN ONSET AND DEATH <u>9 Days</u> <u>490X</u> <u>unknown</u>
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE? HOMICIDE? (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <u>Apr 22, 1949</u> , to <u>Apr 27, 1949</u> , that I last saw the deceased alive on <u>Apr 23, 1949</u> , and that death occurred at <u>9 A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>L.H. Davidson</u>		23b. ADDRESS <u>Box 186, Slater, Mo</u>	23c. DATE SIGNED <u>Apr 27-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>4/28/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>City</u>	24d. LOCATION (City, town, or county) (State) <u>Slater, Mo.</u>
DATE REC'D BY LOCAL REG. <u>4-28-49</u>	REGISTRAR'S SIGNATURE <u>Mrs. Earl C. Metz</u>	FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Hill Brothers Slater, Mo</u>	

RECEIVED

District Health Officer

District File Number

Date Filed 5-20-49

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

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed Sam M Hill

Licensed Embalmer No. 1292

P. O. Address Slater 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.