

FILED AUG 28 1945

Primary Registration District No. 3038

Registrar's No. 577

1. PLACE OF DEATH:
 (a) County LINN
 (b) City or town BROOKFIELD
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
422 LINN
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution no
(Specify whether years, months or days)
 In this community 27 years

2. USUAL RESIDENCE OF DECEASED:
 (a) State MISSOURI (b) County LINN 58
 (c) City or town Brookfield
(If outside city or town limits, write "RURAL")
 (d) Street No. 422 Linn 21
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME ALICE MAY SHEPHERD
 3. (b) If veteran, name war no 3. (c) Social Security No. no

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month August day 1st
 year 1945 hour 7 minute 20 P.M.
 21. I hereby certify that I attended the deceased from Mar 30, 1942 to Aug 1, 1945;
 that I last saw her alive on Aug 31, 1945
 and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or race W 6. (a) Single, widowed, married, divorced 2
 6. (b) Name of husband or wife JOHN DAVIS SHEPHERD 6. (c) Age of husband or wife if alive 22 years
 7. Birth date of deceased AUGUST 22 1858
(Month) (Day) (Year)

Immediate cause of death menia
 Due Chronic Alcohol Poisoning 2 yr
 Due to _____
 Other conditions Smoking
(Include pregnancy within 3 months of death)

8. AGE: Years 86 Months 11 Days 9 If less than one day _____ hr. _____ min.

9. Birthplace Keokuk Iowa
(City, town, or county) (State or foreign country)
 10. Usual occupation Housewife

Major findings:
 Of operations _____
 Of autopsy 12/6
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

11. Industry or business _____
 12. Name Richard Price
 13. Birthplace unknown 9
(City, town, or county) (State or foreign country)
 14. Maiden name Mary Nelson
 15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Ella Shepherd
 (b) Address 422 Linn Brookfield

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? _____

(c) Place: burial or cremation Meadville Cemetery
 18. (a) Signature of funeral director Paul Funeral Home
 (b) Address 422 Linn Brookfield
 19. (a) 8-7-1945 (b) W. J. Cowan
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury _____
 23. Signature Boyd J. Gale (M. D. or other) MD
 Address Brookfield Mo Date signed 8/12/45

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

8
1
2

AUG 30 1945

OCT - 8 1945

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..... *C. A. Larson*.....

Licensed Embalmer No. *4037*.....

P. O. Address *Bucklin, 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.