

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED FEB 10 1943

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 2022  
Registrar's No. 16

Registration District No. 77

Primary Registration District No. 3016

1. PLACE OF DEATH:

(a) County Cole  
(b) City or town Jefferson City  
(c) Name of hospital or institution St. Mary's  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 days  
In this community over year (Specify whether years, months or days)

3. (a) PRINT FULL NAME

Beulah Marie Shepard

3. (b) If veteran, name war

3. (c) Social Security No. none

4. Sex Female 5. Color or race W

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

6. (b) Name of husband or wife R. D. Shepard

6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased Dec 27 1905  
(Month) (Day) (Year)

8. AGE: Years 37 Months 39 Days 00 If less than one day 24 hr. min.

9. Birthplace Monticau Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Charles Marion Francis

13. Birthplace Monticau Mo  
(City, town, or county) (State or foreign country)

14. Maiden name Beulah Marie Scherer

15. Birthplace Monticau Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Clyde Francis

(b) Address Jefferson City Mo

17. (a) Burial (b) Date thereof 1/21/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cem

18. (a) Signature of funeral director Walter E. Friedman

(b) Address California Mo

19. (a) 1-20-43 (b) Marina Richter  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cole  
(c) City or town Jefferson City Mo  
(If outside city or town limits, write "RURAL")  
(d) Street No. California  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 20  
year 1943 hour 3 minute 30 A M.

21. I hereby certify that I attended the deceased from January 16 1943 to January 20 1943  
that I last saw her alive on January 19 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Branch-Pneumonia  
post operative

Due to upper lobe acute

Due to retroverted uterus  
adhesions

Other conditions 12/11  
(Include pregnancy within 3 months of death)

Major findings: Asperidites acute  
Of operations retroverted uterus  
Of autopsies adhesions

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? - (Specify type of place) (e) Means of injury -

23. Signature J. B. Bruce (M. D. or other) MO

Address Jefferson City Mo Date signed 1/28/43

894

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 30 1958

RECEIVED

### 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. E. Sullivan*

Licensed Embalmer No.

*3537*

P. O. Address

*California 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.**