

No. 2
-8-43
5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 12 1946
Registration District No. 207

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22441
Registrar's No. 64

Primary Registration District No. 4496

1. PLACE OF DEATH:
(a) County Shelby
(b) City or town Shelbyville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: -
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution - (Specify whether
In this community Life years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Shelby
(c) City or town Shelbyville
(If outside city or town limits, write "RURAL")
(d) Street No. 0 (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME CHRISTOPHER COLUMBUS VANSKIKE
3. (b) If veteran, name war - 3. (c) Social Security No. -

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 28
year 1946 hour 6:00 minute A M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, divorced, Married
6. (b) Name of husband or wife Leona Vanskike 6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased March 10, 1871
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 5 1946 to June 28 1946
that I last saw him alive on June 28 1946
and that death occurred on the date and hour stated above.

8. AGE: Years 75 Months 3 Days 18 If less than one day
hr. min.

Immediate cause of death Caner of intestine (Colon) Duration ?

9. Birthplace Shelby Co. Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Retired

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations 469
Of autopsy _____

MOTHER FATHER

11. Industry or business _____
12. Name Alfred Vanskike
13. Birthplace Mason Co. Ky
(City, town, or county) (State or foreign country)
14. Maiden name Louisa Majer
15. Birthplace Ky
(City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs Leona Vanskike
(b) Address Shelbyville, Mo
17. (a) Burial (b) Date thereof June 30, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation S.P.O.P. Cemetery
18. (a) Signature of funeral director E.P. Thompson
(b) Address Shelbyville, Mo
19. (a) July 4-46 (b) Edith Jones
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
Where did injury occur? _____ (City or town) (County) (State)
(c) 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 0
23. Signature H.C. Wheeler (M. D. _____)
Address Shelbyville Mo Date signed 7-2-46

309

(Licensed Embalmer's Statement on Reverse Side)

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

21309

RECEIVED

District Health Officer No. 10

District File Number 7-46-1338

Date Filed JUL-11-1946

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.

Myself

Signed.....

E. P. Thompson

Licensed Embalmer No. 1632

P. O. Address Shelbyville 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.