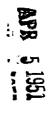
Registration District No. 1  Registrat's No. 3  1. PLACE OF DEATH: (a) County DEKALB (b) City or town AMITY (c) Name of hospital or institution: (If outside city or town limits, write "RURAL" and name of township) (c) Name of hospital or institution: (If not in bospital or institution, write street number or location) (d) Length of stay: In hospital or institution.  In this community 78 Years (Specify whether years, months or days)  3. (a) PRINT MARGARET SHINGLER  Registration District No. 4  2. USUAL RESIDENCE OF DECEASED: (a) State MO. (b) County DEKALB (c) City or town AMITY (d) Street No. (if rural, give location) (d) Street No. (if rural, give location) (e) Citizen of foreign country? (Yes or the property of the propert	3		
TO TOTAL TO	·		
(a) County	<u> </u>		
(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	ے کے		
(If outside city or town limits, write "RURAL")  (If not in hospital or institution, write street number or location)  (If rural, give location)  (If rural, give location)  (If rural, give location)  (If rural, give location)  (Yes or years, months or days)  (If outside city or town limits, write "RURAL")	ر		
(If not in hospital or institution, write street number or location)  (If rural, give location)  (If rural, give location)  (If rural, give location)  (If rural, give location)  (Ves or years, months or days)  (If not in hospital or institution, write street number or location)  (If rural, give location)  (If rural, give location)  (If rural, give location)	U		
In this community 7.8 Years (Specify whether years, months or days)  (c) Citizen of foreign country? (Yes or If yes, name country)	Ü		
years, months or days)  If yes, name country	No)		
3. (a) PRINT MARGARET SHINGLER MEDICAL CERTIFICATION	MEDICAL CERTIFICATION		
20. DATE OF DEATH: Month DECEMBER 29	*****		
	M.		
21. I hereby certary that I attended the deceased rom a	7-		
5. Color or 6. (a) Single, widowed, married, divorced SINGLE divorced SINGLE	. /		
That I last saw h. C. R. alive on 19.  6. (b) Name of husband or wife 6. (c) Age of husband or wife if and that death occurred on the date and hour stated above.	1		
Dura  Dura  Dura	on		
7. Birth date of deceased OCTOBER 7 1867 (Month) (Day) (Year)	ue ?		
8. AGE: Years Months Days If less than one day Due to			
9   C   CC   min.   Due to			
9. Birthplace CANKADA Due to	******		
	400		
(Include pregnancy within 3 modifies of death)			
Ti. Industry or business    Major findings:   PHYSI	IAN		
Under the car			
(City, town or county) (State or foreign country) (State or foreign country)	eath		
14. Maiden name JANE-CLARK Charges charges charges tistical	sta-		
15. Birthplace (City, town, or county) (State or foreign country) 22. If death was due to external causes, fill in the following:			
[a] 16. (a) Informant 3 RLIZABETH SHINGLER (a) Accident, suicide, or homicide (specify)			
(b) Address AWITI MIO			
17. (a) BURIAL (b) Date thereof 12-31-1947 (c) Where did injury occur? (City or town) (County) (State (Menth) (Day) (Year) (d) Did injury occur in or about home, on farm, in industrial place, in public p			
(c) Place: burial or cremation AMITY CEMETERY	2		
18. (a) Signature of funeral direct PILCHER PUNKRAL HOME While at work (Specify type of place) Means of Injury			
(b) Address MAYSVILLE WISSOVRI			
19. (a) 12. 30-47 (b) (Resistrar's signature) (Refistrar's signature) (Resistrar's signature) (Address MAYSVILLE MO. 12-30 Address MAYSVILLE MO. 13-30 Address MAYSVILLE M	Da		
(Licensed Embalmer's Statement on Reverse Side)	Da.		



## Comeron, Mo.

## STATEMENT BY LICENSED EMBALMER

I he	I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by						
		VERA	PILCHE	R. Registered Apprentice No	485		
	•						

working under my personal supervision.

Licensed Embalmer No. 3960

P. O. Address... MAYSVILLE 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.