

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JAN 12 1948

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 41273

Registration District No. 19

Primary Registration District No. 41 67

Registrar's No. 55

1. PLACE OF DEATH:

(a) County **DEKALB**  
(b) City or town **AMITY**  
(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 **78 Years**  
years, months or days)

3. (a) PRINT FULL NAME **MARGARET SHINGLER**

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex **FEMALE** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **SINGLE**  
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years  
7. Birth date of deceased **OCTOBER 7 1867**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**80 2 22**  
hr. min.

9. Birthplace **CANADA**  
(City, town, or county) (State or foreign country)

10. Usual occupation **AT HOME**

11. Industry or business

12. Name **HIRAM SHINGLER**  
13. Birthplace **CANADA**  
(City, town, or county) (State or foreign country)  
14. Maiden name **JANE CLARK**  
15. Birthplace **SCOTLAND**  
(City, town, or county) (State or foreign country)

16. (a) Informant **ELIZABETH SHINGLER**  
(b) Address **AMITY MO?**

17. (a) **BURIAL** (b) Date thereof **12-31-1947**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **AMITY CEMETERY**

18. (a) Signature of funeral director **PILCHER FUNERAL HOME**  
(b) Address **MAYSVILLE MISSOURI**

19. (a) **12, 30-47** (b) **South**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **DECEMBER** 29  
year **1947** hour **7** minute **50 P** M.

21. I hereby certify that I attended the deceased from **Feb**  
**1947** to **Dec 29** 19**47**  
that I last saw her alive on **Dec 29** 19**47**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Myocarditis** Duration **5 yrs?**

Due to

Due to **Hemiplegia** **20 yrs.**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations  
Of autopsy

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) Means of injury

23. Signature **W. E. Small** (M. D. or other) **W. E. Small**  
Address **MAYSVILLE MO. 12-30-47** Date signed

APR 5 1951

DISTRICT HEALTH OFFICE  
Cameron, Mo.

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.....

..... **VERA PILCHER** ....., Registered Apprentice No. **485** .....,  
working under my personal supervision.

Signed.....

  
**C.T. PILCHER**

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.**