No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 15 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42168

Registration District No. 170 | Primary Registration District No. 3627 | Registrar's No.

1. PLACE OF DEATH:
(a) County Laclede
(b) City or town Competition Mo. R#1.
(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 years, months or days)
In this community Unknown

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Laclede 53
(c) City or town Competition Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. R#1 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Rebecca Shilkett
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife John A Shilkett
6. (c) Age of husband or wife if alive no years
7. Birth date of deceased Aug. (Month) 10 (Day) 1860 (Year)
8. AGE: Years 87 Months 4 Days 1 If less than one day ..... hr. ..... min.
9. Birthplace Indiania (City, town, or county) / (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER 12. Name William Parker
13. Birthplace Unknown (City, town, or county) 4 (State or foreign country)
MOTHER 14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 4 (State or foreign country)
16. (a) Informant Lloyd Bailey (Son-in-Law)
(b) Address Competition Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-12-47 (Month) (Day) (Year)
(c) Place: burial or cremation New Home Cemetery
18. (a) Signature of funeral director No Funeral D.
(b) Address
19. (a) Jan. 3, 1948 (Date received local registrar) (b) Ora Trankeberger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 11 year 1947 hour 5 minute 30 P. M.
21. I hereby certify that I attended the deceased from Dec 1 ....., 19 47, to Dec 9 ....., 19 47 that I last saw her alive on Dec 9 ....., 19 47 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Heart failure	
Due to old age	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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

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? (Specify type of place) 0
While at work?
(e) Means of injury
23. Signature A L Anthony (M. D. or other) MD
Address Oakland Mo Date signed 12-15-47

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

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

Received 1/3/48

[illegible]ele County Health Unit

[illegible] 1-48-201

Date Filed 1/15/48

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 No Embalming, Registered Apprentice No. ....., working under my personal supervision.

Signed .....

Licensed Embalmer No. .....

P. O. Address .....

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.