FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 14 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22934

Registration District No. 32

Primary Registration District No. 3021

Registrar's No.

1. PLACE OF DEATH:
(a) County: Grundy
(b) City or town: TRENTON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 810 West 12th St
(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

2. USUAL RESIDENCE OF DECEASED:
(a) State: MISSOURI (b) County: Grundy
(c) City or town: TRENTON
(If outside city or town limits, write "RURAL")
(d) Street No.: 810 West 12th
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: JENNIE W. SHANKLIN
3. (b) If veteran, name war:
3. (c) Social Security No.: NONE
4. Sex: FEMALE
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Walter
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Oct (Month) 3 (Day) 1861 (Year)

8. AGE:

Years	Months	Days	If less than one day
86	9	18	hr. min.

9. Birthplace: Lindley (City, town, or county) Grundy Co Mo (State or foreign country)
10. Usual occupation: HOUSEWIFE (Retired)
11. Industry or business: HOME
12. Name (Father): JAMES M. BAILEY
13. Birthplace (Father): UNKNOWN (City, town, or county) MO (State or foreign country)
14. Maiden name (Mother): MARGARET F. DOBBINS
15. Birthplace (Mother): Lindley (City, town, or county) MO (State or foreign country)
16. (a) Informant: H. E. Brown
(b) Address: Trenton Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: July 23, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation: I.O.O.F. Cemetery Trenton Mo
18. (a) Signature of funeral director: Kathryn A. Dunn
(b) Address: Trenton Mo.
19. (a) 7/24/48 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21st year 1948 hour 2:05 minute P M.
21. I hereby certify that I attended the deceased from Dec 1, 1947, to July 21, 1948 that I last saw her alive on July 21, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Mitral Regurgitation + Chronic Interstitial Nephritis	
Due to: Hypertension	7 Yrs
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)
While at work? (e) Means of injury:
23. Signature: [illegible] (M.D. or other)
Address: Trenton Mo Date signed 7/22/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Myself Registered Apprentice No. working under my personal supervision.

Signed Rayne A Davis

Licensed Embalmer No. 3424

P. O. Address Trenton 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.