FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED AUG 10 1948
Registration District No. 226

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 23646
Primary Registration District No. 5801
Registrar's No. 26.

1. PLACE OF DEATH:
(a) County Monroe County.
(b) City or town Rural.
(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 3 months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Shelby 102
(c) City or town Shellina Missouri
(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

3. (a) PRINT FULL NAME Janie Vanskike
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex F.
5. Color or race W.
6. (a) ~~Single~~, widowed, ~~married~~, 2 ~~divorced~~ Widowed
6. (b) Name of husband or wife Samuel Riley Vanskike
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb (Month) 20. (Day) 1866 (Year)

8. AGE: Years 82 Months 4 Days 27. If less than one day hr. min.

9. Birthplace Shelby County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife.
11. Industry or business
FATHER
12. Name John Foley
13. Birthplace Not Known. (City, town, or county) New York (State or foreign country)
MOTHER
14. Maiden name Margaret Murphy
15. Birthplace Not Known. (City, town, or county) Wisconsin (State or foreign country)
16. (a) Informant Mrs Minnie Jones
(b) Address Bethel Missouri
17. (a) burial (Burial, cremation, or removal) (b) Date thereof July 19-48 (Month) (Day) (Year)
(c) Place: burial or cremation Shiloh Cemetary
18. (a) Signature of funeral director C.W. Musgrove
(b) Address Bethel, Mo.
19. (a) August 4, 1948 (Date received local registrar) (b) Olive Little (Registrar's signature) 204

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17
year 1948 hour 7 minute P. M.

21. I hereby certify that I attended the deceased from June 12, 1948 to July 17, 1948
that I last saw her alive on July 16, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death CEREBRAL HEMORRHAGE	2 YRS
Due to ARTERIO-SCLEROSIS	5 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 John H. Miller (M. D. ~~or other~~)
Address Monroe City Mo Date signed 8/2/48

WRITE PLAINLY—USING UNFADING BLACK INK

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

RECEIVED
District Health Officer No. [illegible]
District File Number 8-48-14
Date Filed AUG 9 - 1948

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 _____ Self _____, Registered Apprentice No. _____, working under my personal supervision.

Signed [illegible]

Licensed Embalmer No. 2719

P. O. Address Bethel 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.