No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 17 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30418

Registration District No. 295

Primary Registration District No. 5783

Registrar's No. 14

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

1. PLACE OF DEATH:
(a) County Miller
(b) City or town Rural (Rich Woods)
(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 ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Miller 66
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. Iberia, Mo. RFD 2 0
(If rural, give location) 0
(e) Citizen of foreign country? ..... (~~Yes~~ or No)
If yes, name country .....

3. (a) PRINT FULL NAME Paralee Fike

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife .....

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased Feb (Month) 22 (Day) 1869 (Year)

8. AGE: Years 79 Months 6 Days 18 If less than one day ..... hr. ..... min.

9. Birthplace Iberia (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Housewife

11. Industry or business .....

FATHER
12. Name William Shackleford
13. Birthplace Kentucky (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Margret Smith
15. Birthplace Tenn. (City, town, or county) (State or foreign country)

16. (a) Informant Rector Fike
(b) Address Iberia, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-12-48 (Month) (Day) ~~(Year)~~
(c) Place: burial or cremation Livingston Cemetery

18. (a) Signature of funeral director Loran L Adams
(b) Address Iberia, Mo.

19. (a) Sept. 13-48 (Date received local registrar) (b) Jessie Perkins (Registrar's signature) 195

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 10
year 1948 hour 6:00 minute P.M.

21. I hereby certify that I attended the deceased from Nov 1940 to Sept 10 1948
that I last saw her alive on Sept. 5 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to .....

Due to .....

Other conditions Carcinomatous Condition of Lungs & Abdominal Contents.
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

Duration: Several yrs.

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 M. E. Humphreys (M. D. or other) D.O.
Address Tuscumbia, Mo. Date signed 9-11-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

SEP 30 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:~~ .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed Loron L. Adams

Licensed Embalmer No. 4207

P. O. Address Ironia, 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.