No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 29878

FILED SEP 16 1946

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 207

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

1. PLACE OF DEATH:

(a) County Cole

(b) City or town Jefferson City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
318 West McCarty Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 244 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole 26

(c) City or town Jefferson City 5
(If outside city or town limits, write "RURAL")

(d) Street No. 318 West McCarty Street 4
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Joseph C. Shikles

3. (b) If veteran, name war

3. (c) Social Security No. 494-22-0595

4. Sex Male 0

5. Color or race White

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

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

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased May (Month) 12 (Day) 1884 (Year)

8. AGE: Years 62 Months 3 Days 21 If less than one day hr. min.

9. Birthplace Enon, Missouri (City, town, or county) 0 (State or foreign country)

10. Usual occupation Proprietor Mid-State Motors

11. Industry or business

FATHER
12. Name J.D.Shikles
13. Birthplace Ky (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name Eliza Slaton
15. Birthplace Cole County, Missouri (City, town, or county) 0 (State or foreign country)

16. (a) Informant J. E. Shikles
(b) Address Jefferson City, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept-4-1946 (Month) (Day) (Year)
(c) Place: burial or cremation River View Cemetery

18. (a) Signature of funeral director Roy J. Gordon
(b) Address Jefferson City, Missouri

19. (a) 9-4-46 (Date received local registrar) (b) R. P. Dorris MD (Registrar's signature) NR

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 2
year 1946 hour 2 minute AM M.

21. I hereby certify that I attended the deceased from Aug 3
Sept 2, 1946, to , 19 ;
that I last saw him alive on Sept 2, 1946
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocarditis	
Due to severe cold	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 936
Of autopsy

PHYSICIAN
Underline the cause to 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 0

23. Signature M R Aldridge (M. D. or other) MD
Address Jenna Date signed 9/3/46

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9
District File Number 9-46-93
Date Filed 9-9-46

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 .....

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.