

FILED FEB 3 1948

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 122

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 102 East Hyde Park Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 102 East Hyde Park
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Caroline Golden Fike

3. (b) If veteran, name war No 3. (c) Social Security No. NO

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Elmer Fike 6. (c) Age of husband or wife if alive 2 years
7. Birth date of deceased June 2 1885
(Month) (Day) (Year)

8. AGE: Years 62 Months 7 Days 27 If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name William Marriner
13. Birthplace Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Timmons
15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Albert Fike

(b) Address Burlington Junction, Missouri

17. (a) Burial (b) Date thereof Jan 30 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oregon, Missouri

18. (a) Signature of funeral director James H. Pettigrew

(b) Address Oregon, Mo.

19. (a) 1-30-48 (b) J. L. Jenkins
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 29
year 1948 hour 6 minute 10 A. M.

21. I hereby certify that I attended the deceased from Jan 23 1948 to Jan 28 1948;
that I last saw her alive on Jan 28 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy
Duration 10 days

Due to _____
Due to _____

Other conditions Branch asthma
(Include pregnancy within 3 months of death)

Major findings: Of operations 33A
Of autopsy none
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? _____

While at work? _____ (Specify type of place) (e) Means of injury 10

23. Signature Frank Barberian (M. D. or other)
Address 620 Florence Date signed 1/30/48

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

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.....

James H. Pettigrew
.....
Licensed Embalmer No. *3192*
.....

P. O. Address..... *Oregon 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.