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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28963

FILED SEP 20 1948

Registration District No. 42 | Primary Registration District No. 1000 | Registrar's No. 967

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: Mercy Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 6 houra (Specify whether years, months or days)
In this community: 3 weeks

2. USUAL RESIDENCE OF DECEASED:
(a) State: California (b) County: Los Angeles
(c) City or town: Ingle wood (If outside city or town limits, write "RURAL")
(d) Street No.: 4420 Century Blv'd. (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Flossie Mildard Shelkop
3. (b) If veteran, name war: None
3. (c) Social Security No.: None

4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Matthew D. Shelkop
6. (c) Age of husband or wife if alive: 70 years
7. Birth date of deceased: September (Month) 20 (Day) 1882 (Year)

8. AGE: Years 65 | Months 11 | Days 20 | If less than one day: hr. min.

9. Birthplace: Melrose (City, town, or county) Iowa (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business:
12. Name: Charles Dilte (FATHER)
13. Birthplace: Nile (City, town, or county) Michigan (State or foreign country)
14. Maiden name: Martha Shephard (MOTHER)
15. Birthplace: Sandusky (City, town, or county) Ohio (State or foreign country)
16. (a) Informant: Matthew D. Shelkop
(b) Address: 4420 Century Blvd., Inglewood, Calif.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Sept. 13, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Ashland Cemetery.
18. (a) Signature of funeral director: Hatten Meierhoffer
(b) Address: 1946 Colhoun St., St. Joseph, Mo.
19. (a) 9-14-48 (Date received local registrar) (b) E. E. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 10 year 48 hour 2 minute — P.M.
21. I hereby certify that I attended the deceased from 9-10, 1948 to 9-10, 1948 that I last saw h.e.r. alive on 9-10, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardiac insufficiency	6 Hours.
Due to: Pulmonary Thrombosis	12 Hours
Due to: Influenza	3 Weeks.
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: 33 B	
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: Vern H. Ender (M.D. or other) D.O.
Address: 823 Faraon Date signed: 9-10-48 St. Joseph, Mo.

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.....

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

working under my personal supervision.

Signed.....Elbert D. Harrington.....

Licensed Embalmer No.....3258 Missouri.....

P. O. Address.....St. Joseph, 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.