

1. PLACE OF DEATH:

(a) County **Moniteau Co**
(b) City or town **Rural Walker Twp**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
California, Mo. Rt #4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
Life (Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Moniteau Co**
(c) City or town **Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. **California, Mo. Rt #4**
(If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **Rhoda Ann Shikle**

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

7. Birth date of deceased **April 2 1867**
(Month) (Day) (Year)

8. AGE: Years **77** Months **9** Days **23**
If less than one day hr. min.

9. Birthplace **Moniteau Co**
(City, town, or county) (State or foreign country)

10. Usual occupation **House Wife**

11. Industry or business.....

12. Name **John Duncan**

13. Birthplace **Moniteau Co**
(City, town, or county) (State or foreign country)

14. Maiden name **Martha Willia Hampton**
(City, town, or county) (State or foreign country)

15. Birthplace **Cooper Co**
(City, town, or county) (State or foreign country)

16. (a) Informant **E. W. R. Reed**

(b) Address **California, Mo.**

17. (a) **Burial** (b) Date thereof **Jan. 27, 1945**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Brush Creek Cemt**

18. (a) Signature of funeral director **Bowlin Funeral Home**

(b) Address **California, Mo.**

19. (a) **1-27-45** (b) **R. J. Ables**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **25**
year **1945** hour **6** minute **A.** M.

21. I hereby certify that I attended the deceased from **Jan 1**
19**45** to **Jan 25** 19**45**

that I last saw her alive on **Jan 25** 19**45**
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of Stomach** Duration

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

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.....

23. Signature **R. J. Ables** (M.D. or other) **D.O.**

Address **California** Date signed **1/27/45**

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

MOTHER FATHER

464

1312

RECEIVED

District Health Officer No. 9

District File Number

Date Filed 3-8-45

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 me

....., Registered Apprentice No.

working under my personal supervision.

Signed Earl R. Bowlin

Licensed Embalmer No. 2126

P. O. Address California 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.