

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

25320
Do not use this space.

REC'D AUG 1 - 1939

1. PLACE OF DEATH

(a) County Carter Registration District No. 145-
 (b) Township John N. S. O. N Primary Registration District No. 5-208
 (c) City Hunter (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 560 Samuel Cosgrove Skinner

(a) Residence, No. Hunter Mo. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 5-1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hr. or _____ min.
83 8 23

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

FATHER 13. NAME Samual Skinner

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) California

MOTHER 15. MAIDEN NAME Dent Know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) Ivis McKinney
Hunter Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE
Norwood Mo. 6-30-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Croy-Leuckel
Van Buren Mo.

20. FILED 7-10-39 Loyal E. Wood Local Registrar. 923 (Address) Van Buren Mo.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-28-39, 19

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 4:00 and 5:00 A.M.
 The principal cause of death and related causes of importance were as follows:

Indurcated's
Chronic
A. J. W.
Date of onset 6-6-38

Other contributory causes of importance:
Similar
Auto accident 12-6-38 common

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) Phil A. Grechel Coroner
 (Address) Van Buren Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED
District Health Officer No. 5,
District File Number. 83918
Date Filed 8-10-39

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 6-28-39

....., Registered Apprentice No.
working under my personal supervision.

Signed Philip A. Leuchel
Licensed Embalmer No. 2936
P. O. Address Von Buren Tr

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, above space should be left blank.