

1. PLACE OF DEATH:

Jackson

- (a) County _____
- (b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
- (c) Name of hospital or institution: 3121 Peery
(If not in hospital or institution, write street number or location)
- (d) Length of stay: In hospital or institution Over 55 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME HARRY M. SKINNER 560

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

- 4. Sex Male
- 5. Color or race Wh
- 6. (a) Single, widowed, married, divorced Married

- 6. (b) Name of husband or wife Mrs. Edith Skinner
- 6. (c) Age of husband or wife if alive 52 years

- 7. Birth date of deceased: November 19 1889
(Month) (Day) (Year)

- | | | | | |
|---------|------------|----------|-----------|----------------------|
| 8. AGE: | Years | Months | Days | If less than one day |
| | <u>701</u> | <u>4</u> | <u>16</u> | _____ hr. _____ min. |

- 9. Birthplace Mt. Morris Illinois
(City, town, or county) (State or foreign country)

- 10. Usual occupation Deputy Sherriff

11. Industry or business _____

- MOTHER FATHER
- 12. Name Fenton F. Skinner
 - 13. Birthplace Illinois
(City, town, or county) (State or foreign country)
 - 14. Maiden name Susan Wyant
 - 15. Birthplace Md
(City, town, or county) (State or foreign country)

- 16. (a) Informant Mrs. Edith Skinner
- (b) Address 3121 Peery, K. C. Mo.

- 17. (a) Burial
(Burial, cremation, or removal)
- (b) Date thereof 4-8-40
(Month) (Day) (Year)
- (c) Place: burial or cremation Forest Hill Cemetery

- 18. (a) Signature of funeral director F. W. Wagner
- (b) Address Kansas City, Mo.

- 19. (a) April 8, 1940
(Date received local registrar)
- (b) With Browne
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Jackson
- (c) City or town Kansas City
(If outside city or town limits, write "RURAL")
- (d) Street No. 3121 Peery
(If rural, give location)
- (e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

- 20. DATE OF DEATH: Month April day 5th
year 1940 hour 11:00 minute 10 A. M.

- 21. I hereby certify that I attended the deceased from 12-13-36 19____ to 4-5 1940
that I last saw him alive on April 5 1940
and that death occurred on the date and hour stated above.

- Immediate cause of death Bronchopneumonia Duration 6 ds

- Due to terminal ptia

- Due to _____

- Other conditions Cerebral arteriosclerosis Yes
(Include pregnancy within 3 months of death)

- PHYSICIAN
- Major findings: _____
 - Of operations _____
 - Of autopsy _____
- 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 !

- 23. Signature G. P. M. Carnick (M. D. or other) _____
- Address Kansas City, Mo Date signed 4-6-40

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

VI - 0542

1127a Troost

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 Cecil R. Matthews

Licensed Embalmer No. 3807

P. O. Address K.C., 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, above space should be left blank.