No. 2
11-10-39
-17-39
X21492

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

AUG 19 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

25801

State File No.

Registration District No. 587 Primary Registration District No. 1585 Registrar's No. 5

**1. PLACE OF DEATH:** Wood Lawn Twp

(a) County Monroe

(b) City or town Madison Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

**2. USUAL RESIDENCE OF DECEASED:** Monroe Co

(a) State Mo (b) County ~~Shelby~~

(c) City or town Madison Mo (Rural)
(If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

**3. (a) PRINT FULL NAME** Marrion Skinner 560

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Susie Skinner

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

7. Birth date of deceased 12 (Month) 6 (Day) 1873 (Year)

**8. AGE:** Years 66 Months 7 Days 8 If less than one day hr. min.

9. Birthplace Monroe County (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Jasper Skinner
13. Birthplace Don't know (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Frances Hill
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Susie Skinner
(b) Address Madison Mo

17. (a) Phelps (Burial, cremation, or removal) (b) Date thereof 7/16-40 (Month) (Day) (Year)
(c) Place: burial or cremation Phelps

18. (a) Signature of funeral director Milleon & Bushelow
(b) Address Shelbina Mo

19. (a) July 15 1940 (Date received local registrar) (b) T. Wedding (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month July day 14 year 1940 hour 10 minute a. M.

21. I hereby certify that I attended the deceased from May 30, 1940 to July 14, 1940 that I last saw him alive on July 9, 1940 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Parkinson's Disease | 4 yrs |
| Due to arteriosclerosis | 6 yrs |
| Due to 137 | |
| Other conditions Chronic Prostatitis (Include pregnancy within 3 months of death) | 3 yrs. |

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: no
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence no
(c) Where did injury occur? no (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? no
517 (Specify type of place)
While at work? no (e) Means of injury no

23. Signature D. L. Harlan (M. D. or other) MD
Address Clarence Mo Date signed July 15 1940

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 8-40-1605
Date Filed AUG 10 1940

## 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 Henry A Barkelew

Licensed Embalmer No. 3835

P. O. Address Shelburne, V

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**