

FILED SEP 24 1940

Registration District No. **328**

Primary Registration District No. **3017**

1. PLACE OF DEATH:

(a) County Brandy
(b) City or town Trenton
(c) Name of hospital or institution Cullers Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 m. 19 da
In this community Life time (Specify whether years, months or days) 6 mo

3. (a) PRINT FULL NAME ELMA LEE SKINNER

3. (b) If veteran, name war _____ 3. (c) Social Security No. none

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife William Skinner 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 3 6 1868
(Month) (Day) (Year)

8. AGE: Years 72 Months 5 Days 19 If less than one day hr. min.

9. Birthplace Sullivan Co. Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Thomas Williams

13. Birthplace Wales U (City, town, or county) (State or foreign country)

14. Maiden name Mary Elizabeth Foster (City, town, or county) (State or foreign country)

15. Birthplace Ind (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mary McAllister

(b) Address B. Deusswicks Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 27, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Laredo cemetery

18. (a) Signature of funeral director E. J. Robertson

(b) Address Laredo, Mo.

19. (a) 8-25-40 (Date received local registrar) (b) J. D. J. J. J. (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Brumley
(c) City or town Laredo 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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 25 year 1940 hour 14 minute 30 A. M.

21. I hereby certify that I attended the deceased from May 7, 1940, to Aug. 25, 1940;
that I last saw her alive on Aug 125, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage (apoplexy) Duration 10 hrs.

Due to Arterio-sclerosis of a few years duration

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN

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? 300 (Specify type of place) (a) Means of injury _____
While at work? _____

23. Signature W. H. Cullers (M. D. certifier)
Address Trenton Mo Date signed 8-21-40

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

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.

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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.....

E. J. Robertson

Licensed Embalmer No. *2468*

P. O. Address.....

Fairfax, Md.

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.