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X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32143

Registration District No. 365 OCT 18 1940 Primary Registration District No. 5511 Registrar's No. 13

1. PLACE OF DEATH:
(a) County Hickory
(b) ~~City or town~~ Rural - Wheatland
(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 2 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Hickory
(c) City or town Rural - Wheatland
(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 Martha Ann Skinner
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex fm
5. Color or race Whl
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Albert
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Dec 7 1890 (Month) (Day) (Year)

8. AGE: Years 49 Months 9 Days 16 If less than one day hr. min.

9. Birthplace (City, town, or county) Mo (State or foreign country) 0
10. Usual occupation 1
11. Industry or business 0

FATHER
12. Name Jno W. Herbert
13. Birthplace (City, town, or county) Indiana (State or foreign country)

MOTHER
14. Maiden name Mary J. Reed
15. Birthplace (City, town, or county) Mo (State or foreign country)

16. (a) Informant Lee Herbert
(b) Address Oregon Mo
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 9/25/40 (Month) (Day) (Year)
(c) Place: burial or cremation Hermitage Cem
18. (a) Signature of funeral director J R Lucker
(b) Address Wheatland Mo
19. (a) Oct 1 1940 (Date received local registrar) (b) Mrs A. S. Johnston (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 23 8
year 1940 hour 7 minute 00 M.

21. I hereby certify that I attended the deceased from May - 1 - 1940, to Sept - 23, 1940
that I last saw her alive on Sept - 23 - 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Stomach and Liver N R D — Duration unknown
~~Due to~~ Duration unknown because I was not called until Jaundice
~~Due to~~ appeared

Other conditions (Include pregnancy within 3 months of death) 46

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? 326 ✓ (Specify type of place)
While at work? ✓ (e) Means of injury ✓

23. Signature A. S. Johnston M.D. (~~M. D. or other~~) 1
Address Wheatland Mo Date signed 9-24-40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 10-40-1382
Date Filed 10-7-40

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 J. P. Luckey.

Licensed Embalmer No. 12982.

P. O. Address Wheatland

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

If this body is not embalmed, fact should be so stated above.