. 2
3-40
7-39
X23159

3

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. 38817

FILED DEC 11 1940

Registration District No. 365 Primary Registration District No. 5511 Registrar's No. 15

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

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Hickory
(c) City or town Wheatland
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Christiana Skinner
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Fm
5. Color or race Wht
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Richard Skinner
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept 5, 1860 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
80	2	4	hr. min.

9. Birthplace Mo (City, town, or county) (State or foreign country)
10. Usual occupation 0
11. Industry or business Housewife
MOTHER FATHER
12. Name Hiram Blackwell
13. Birthplace Ky (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant Mollie LaRose
(b) Address Wheatland, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 14/10/40 (Month) (Day) (Year)
(c) Place: burial or cremation Hermitage Cem
18. (a) Signature of funeral director J. R. Lunsford
(b) Address Wheatland Mo
19. (a) Dec 1 1940 (Date received local registrar) (b) Mrs. A. S. Johnston (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 9 year 1940 hour 11 minute 50 A. M.
21. I hereby certify that I attended the deceased from Nov, 1939, to Nov 9, 1940; that I last saw her alive on Nov 1, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of Superior Maxillary bone (Left)	
Due to	2 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	
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? While at work? (Specify type of place) (e) Means of injury
23. Signature A. S. Johnston (M. D. or other) MD
Address Wheatland Mo Date signed 11-10-40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
District File Number 12-40-1725
Date Filed 12-9-40

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. R. Lucky

Licensed Embalmer No. 9982

P. O. Address Wheatland

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

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