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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

42962

State File No. _____

Registrar's No. 148

Registration District No. 431

Primary Registration District No. 3023

51
6
2

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: 305 Clark St.
(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

3. (a) PRINT FULL NAME Sarah Elizabeth McSkerry

3. (b) If veteran, name war _____ No. _____

3. (c) Social Security No. _____

4. Sex Fe 5. Color or race Wk 6. (a) Single, widowed, married, divorced, single

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

7. Birth date of deceased April 3 1862
(Month) (Day) (Year)

8. AGE: Years 78 Months 8 Days 13 If less than one day _____ hr. _____ min.

9. Birthplace York Pa. Penn.
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business _____

MOTHER FATHER { 12. Name Joseph J McSkerry

13. Birthplace Pa. Penn.
(City, town, or county) (State or foreign country)

14. Maiden name Margaret E. Criswell

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

16. (a) Informant E. L. McSkerry

(b) Address 305 Clark St. Warrensburg Mo.

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

(c) Place: burial or cremation Sunset Hill

18. (a) Signature of funeral director H. S. Wilcox

(b) Address Warrensburg Mo.

19. (a) Dec 17 40 (b) Bertie Bentley
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Warrensburg
(If outside city or town limits, write "RURAL")

(d) Street No. 305 Clark St.
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 16th
year 1940 hour 7 minute 30 A.M.

21. I hereby certify that I attended the deceased from Nov 3rd
1940 to Dec 16 1940
that I last saw her alive on Dec 15 1940
and that death occurred on the date and hour stated above.

Immediate cause of death myocardial
Weakness of heart 3 days

Due to depressed aortic 4 years
artery
an aneurysm

Due to _____

Other conditions (include pregnancy within 3 months of death) 942

PHYSICIAN

Major findings: _____

Of operations _____

Of autopsy none

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) no

(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 John Anderson (M. D. or other) MD
Address Warrensburg Mo Date signed 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.....

.....
working under my personal supervision.

..... Registered Apprentice No.

Signed *Ronald D. Griffin*

Licensed Embalmer No. 3053

P. O. Address Warrensburg 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.