

**MAR 14 1941**

Registration District No. 129

Primary Registration District No. 5180

Registrar's No. 4

1. PLACE OF DEATH:

(a) County Cape Girardeau  
 (b) City or town Rural  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Near Nellys Landing, mo!  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 (Specify whether \_\_\_\_\_)  
 In this community 65 yrs.  
 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cape Girardeau  
 (c) City or town Rural  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 1/2 mile west of Nellys Landing  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME William P. Skerton

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. Missouri Ann Skerton 6. (c) Age of husband or wife if alive 79 years  
 7. Birth date of deceased Dec 29 1859  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
81 13 6 ✓ hr. ✓ min.

9. Birthplace Marshall 1 Mo. C  
 (City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business Retired

MOTHER FATHER  
 { 12. Name Joseph Skerton  
 { 13. Birthplace Marshall 1 Mo. C  
 (City, town, or county) (State or foreign country)  
 { 14. Maiden name unknown  
 { 15. Birthplace unknown  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Joseph Skerton  
 (b) Address Nellys Landing

17. (a) Burial (b) Date thereof 2-6-41  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation McPain Chapel

18. (a) Signature of funeral director J. C. ...  
 (b) Address Nellys Landing, Mo.

19. (a) 2-6-41 (b) J. P. ...  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 5  
 year 1941 hour 2 minute 30 P. M.

21. I hereby certify that I attended the deceased from Sept 1, 1940, to Feb 5, 1941  
 that I last saw him alive on Feb 5, 1941  
 and that death occurred on the date and hour stated above.

Immediate cause of death  
Enlarged Prostate  
Blocked no operation 3 yrs  
 Duration

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions None 1370  
 (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? Yes

While at work? \_\_\_\_\_ (Specify type of place)  
 (e) Means of injury \_\_\_\_\_

23. Signature J. P. ... (M. D. or other) D

Address Jefferson Ave Date signed 2-6-41

WHITE 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.....

*Ryman Steele*

Licensed Embalmer No.....

*2476*

P. O. Address.....

*Jackson 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.**