

FILED JUN 18 1941

Registration District No. **398**

Primary Registration District No. **3019**

Registrar's No. **126**

48
4
4

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: 1033 W. Waldo 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 11 yrs (Specify whether _____ years, months or days)

3. (a) PRINT FULL NAME James Burke Skinner

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male 5. Color or race Wht

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife wife Margaret Skinner

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased Dec 1st 1851
(Month) (Day) (Year)

8. AGE: Years 89 Months 5 Days 6 If less than one day _____ hr. _____ min.

9. Birthplace Cass County Mich 1
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Painter & Paper hanger

MOTHER FATHER

12. Name John G. Skinner

13. Birthplace Ind 1
(City, town, or county) (State or foreign country)

14. Maiden name Marion Hain

15. Birthplace Ohio 1
(City, town, or county) (State or foreign country)

16. (a) Informant Margaret Skinner

(b) Address 1033 W Waldo

17. (a) Burial (b) Date thereof May 9. 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mound Grove Cem

18. (a) Signature of funeral director Cato Speaks

(b) Address Independence Mo

19. (a) May 10-41 (b) F. L. COOK
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 4

(c) City or town Independence Mo 4
(If outside city or town limits, write "RURAL")

(d) Street No. 1033 W. Waldo
(If rural, give location)

(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7 year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Jan 20 1941, to May 7 1941, and that death occurred on the date and hour stated above.

that I last saw him alive on May 7 1941

Immediate cause of death Myocardial Infarction
Broken hip pneumonia

Duration 3 wks

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy none

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) no

(b) Date of occurrence _____

(c) Where did injury occur? none
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? no

(Specify type of place) 3110 While at work? _____ Means of injury _____

23. Signature Paul Green (M. D. or other) _____
Address Independence Date signed May 9 41

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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed Colandrea Speaks
Licensed Embalmer No. 3604

P. O. Address Independence, 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, fact should be so stated above.