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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILLED OCT 10 1941

Registration District No. 85

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1001

State File No. 31091

Registrar's No. 936

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph

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

(c) Name of hospital or institution: Mo. Meth. Hospital

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Day (Specify whether

In this community 39 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Buchanan

(c) City or town St Joseph

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

(d) Street No. 2221 S.10th.

(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME NETTIE SKAITH

3. (b) If veteran, name war none

3. (c) Social Security No. None

4. Sex Female

5. Color or race white

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

6. (b) Name of husband or wife John F. Skaiyh

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased Oct. (Month) 3rd. (Day) 1876 (Year)

8. AGE: Years 64 Months 11 Days 24 If less than one day ..... hr. ..... min.

9. Birthplace Jacksonville (City, town, or county) Ill. (State or foreign country)

10. Usual occupation Housewife

11. Industry or business home

FATHER
12. Name Fred R. Starr
13. Birthplace unknown (City, town, or county) Wis. (State or foreign country)

MOTHER
14. Maiden name Lou Lawson
15. Birthplace Manchester (City, town, or county) Ill. (State or foreign country)

16. (a) Informant Mr. Francis Skaith

(b) Address Gower, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9--29--41 (Month) (Day) (Year)

(c) Place: burial or cremation Tabor, Iowa

18. (a) Signature of funeral director FLEEMAN & SON INC.

(b) Address St. Joseph, Mo.

19. (a) 9/27/41 (Date received local registrar) (b) H J Nettlebush (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 27 year 1941 hour 11 minute 05 A. M.

21. I hereby certify that I attended the deceased from Sept 26, 1941, to Sept 27, 1941; that I last saw her alive on Sept 27, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chr. Lymphaemia (Myelogenous	6 mo?
Due to	
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Dr. D H Fuson (M. D. or other) Mo

Address St Joseph Mo Date signed 9-28-41

(Licensed Embalmer's Statement on Reverse Side)

Fu

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~~ .....

9-27-41 ....., Registered Apprentice No. .....

working under my personal supervision.

Signed Geo E Dame

Licensed Embalmer No. 3300

P. O. Address St Joseph

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.