

FILED NOV 6 1941

Registration District No. 413

Primary Registration District No. 5559, C

Registrar's No. 41

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Mineral Point
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jasper Co. TBC Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 years
In this community 9 years, months or days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau
(c) City or town Cape Girardeau
(If outside city or town limits, write "RURAL")
(d) Street No. R.R. Box 408
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Irene Skills

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

3. (c) Social Security No. None

4. Sex ♀

5. Color or race Wh

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased

May 22 1910
(Month) (Day) (Year)

8. AGE:

Years 31 Months 4 Days 20 If less than one day hr. _____ min. _____

9. Birthplace

Cape Girardeau Co. MO
(City, town, or county) (State or foreign country)

10. Usual occupation

Housewife

11. Industry or business

Robert Skills

MOTHER FATHER

12. Name

Robert Skills

13. Birthplace

MO
(City, town, or county) (State or foreign country)

14. Maiden name

Theresa Deane

15. Birthplace

MO
(City, town, or county) (State or foreign country)

16. (a) Informant

Records

(b) Address

17. (a) BURIAL

(Burial, cremation, or removal)

(b) Date thereof

OCT. 15. 41
(Month) (Day) (Year)

(c) Place: burial or cremation

Cape Girardeau

18. (a) Signature of funeral director

Will City Clerk Co

(b) Address

Wells City, Mo.

19. (a)

OCT. 12. 41
(Date received local registrar)

(b)

J. L. Mitchell M.D.
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month

Oct day 12

year 1941

hour 12

minute 58 P.M.

21. I hereby certify that I attended the deceased from

Sept 2 1932 to Oct 12 1941

that I last saw her alive on Oct 12 1941
and that death occurred on the date and hour stated above.

Immediate cause of death

Pulmonary Tuberculosis

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) 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 C

23. Signature Jane E. Douglas (M. D. or dentist)

Address Wells City, Mo. Date signed 10/24/41

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

49
00

4/11-886

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. 347
working under my personal supervision.

Signed.....

A. J. Miles
Licensed Embalmer No. 247

P. O. Address.....

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.