

No. 2
1-2-43
5-17-50
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35833

State File No. _____

NOV 8 1943

Registration District No. 226

Primary Registration District No. 4336

Registrar's No. 50

1. PLACE OF DEATH:

(a) County Monroe

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

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location) _____

(d) Length of stay: In hospital or institution 1 (Specify whether years, months or days) _____

In this community 1 year

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Monroe 069

(c) City or town Wood Lawn
(If outside city or town limits, write "RURAL") _____

(d) Street No. _____ (If rural, give location) _____

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John Samuel Van Skike

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 16
year 1943 hour 10:00 minute P M.

21. I hereby certify that I attended the deceased from May 7 43
163 to Oct 16 1943
that I last saw him in alive on Oct 16 1943
and that death occurred on the date and hour stated above.

4. Sex MO 5. Color or race W

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

6. (b) Name of husband or wife Laura Van Skike 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased July 16 1870
(Month) (Day) (Year)

Immediate cause of death Chronic myocarditis with myocardial failure M.K.

Due to _____

Due to _____

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

Major findings:
Of operations _____
Of autopsy _____

8. AGE: Years 73 Months 3 Days 0
If less than one day _____ hr. _____ min.

9. Birthplace Monroe County Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

12. Name Robt Van Skike

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

14. Maiden name Hobby Lamb

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

16. (a) Informant Mrs Laura Van Skike

(b) Address Halliday, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-22-43
(Month) (Day) (Year)

(c) Place: burial or cremation Friendship (Monroe County)

18. (a) Signature of funeral director C. C. Hopper

(b) Address Clarence Mo

19. (a) Oct 23 1943 (Date received local registrar) (b) Otis Heebey (Registrar's signature)

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? _____

While at work _____ (Specify type of place) (e) Means of injury WMO

23. Signature F. T. Barnett (M. D. or other) _____
Address Paris, Mo Date signed 10-22-43

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

69
00

112-6

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 10

District File Number 11-43-1752

Date Filed NOV 5 1943

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..... *Louis C. Hopper*

Licensed Embalmer No..... *7261*

P. O. Address..... *Clarence, 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.