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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JAN 25 1948

Registration District No.

Primary Registration District No. 2000

Registrar's No. 65

1. PLACE OF DEATH:

(a) County Greene

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

(c) Name of hospital or institution:
1324 West Division 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 4 mo. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Greene 39

(c) City or town Springfield 2
(If outside city or town limits, write "RURAL") 6

(d) Street No. 1324 W. Division
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Rosetta V. Whillock Skinn

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 15
year 1944 hour 6 minute 40 P.M.

21. I hereby certify that I attended the deceased from 12
10 - 1942 to 1-15 - 1944

that I last saw h. live alive on 1-14 - 1944
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Austin L. Skinn

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

7. Birth date of deceased Dec. 16 1862
(Month) (Day) (Year)

Immediate cause of death Chronic Myocarditis with decompensation 3 yr.

Duration

Due to

Due to

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

8. AGE: Years 81 Months 0 Days 29 If less than one day hr. min.

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

Major findings:
Of operations 93d

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

10. Usual occupation housewife

11. Industry or business

12. Name Emanuel Bower

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

14. Maiden name Julia Yeager

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

16. (a) Informant Emery Whillock

(b) Address Urbana Mo.

17. (a) Burial (b) Date thereof 1-17-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bower Chapel

18. (a) Signature of funeral director Vaughan & Reser

(b) Address Urbana, Mo.

19. (a) 1-17-44 (b) W. E. Handley
(Date received local registrar) (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)

(c) Means of injury

23. Signature C. E. Feller (M. D. or other) 2

Address Springfield Mo. Date signed 1/16/44

WHEN PRINTING - USE UNFADING BLACK INK - MAKE A PERMANENT RECORD

484

(Licensed Embalmer's Statement on Reverse Side)

21

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.....

Licensed Embalmer No. 3053

P. O. Address.....

Warsaw, Mo.

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.