

Registration District No. 180

Primary Registration District No. 4291

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Lincoln

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

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

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 0

(c) City or town 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

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

3. (a) PRINT FULL NAME Albert Lee Skinner

3. (b) If veteran, name war 0

3. (c) Social Security No. 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 29 year 1944 hour 6 minute 15 P.M.

4. Sex Male 5. Color of race White

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

6. (b) Name of husband or wife Sarah E. Skinner 6. (c) Age of husband or wife if alive 8 years (Month) (Day) (Year) Nov 1866

7. Birth date of deceased: (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 1942 to Feb. 29, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: Myocarditis Duration old age

8. AGE: Years 77 Months 3 Days 21 If less than one day hr. min.

Due to 0

Due to 0

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

Other conditions (include pregnancy within 3 months of death) 9391

10. Usual occupation Laborer

Major findings: Of operations 0

Of autopsy 0

PHYSICIAN 0
Underline the cause to which death should be charged statistically.

11. Industry or business Don't know

12. Name Don't know

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

14. Maiden name Drury

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

16. (a) Informant Spicy D. Skinner

(b) Address Old Monroe Mo

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) 0

(b) Date of occurrence 0

17. (a) (Burial, cremation, or removal) 0

(b) Date thereof March 3-44
(Month) (Day) (Year)

(c) Place: burial or cremation 0

(c) Where did injury occur? (City or town) (County) (State) 0

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 0

18. (a) Signature of funeral director Wendy Williams

(b) Address Wendy Williams Mo

19. (a) 3-2-44 (Date received local registrar)

(b) Ma Susan Dixon (Registrar's signature)

While at work? (Specify type of place) 0

(e) Means of injury 0

23. Signature Dr. J. A. Plonzo (M. D. 0)

Address Winfield Mo Date signed 3/2/44

RECEIVED
District Health Officer No. 9,
District File Number _____
Date Filed 3-22-44

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 P. E. Pluman
Licensed Embalmer No. 2711
P. O. Address Westville

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.