No. 2
1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 16 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 31

Registration District No. 1 | Primary Registration District No. 5.000 | Registrar's No. 15

1. PLACE OF DEATH:
(a) County: Adair
(b) City or town: Rural (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Northwest of Kirksville (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Adair
(c) City or town: Rural (If outside city or town limits, write "RURAL")
(d) Street No.: None (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: Edward Alexander Skinner
3. (b) If veteran, name war .....
3. (c) Social Security No.: None
4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: Divorced
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: Dec. (Month) 24 (Day) 1877 (Year)

8. AGE: Years 71 | Months 0 | Days 11 | If less than one day ..... hr. ..... min.

9. Birthplace: Ohio (City, town, or county) (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business: Farming
MOTHER FATHER
12. Name: John Skinner
13. Birthplace: Ohio (City, town, or county) (State or foreign country)
14. Maiden name: Vesta MacFarland
15. Birthplace: Ohio (City, town, or county) (State or foreign country)
16. (a) Informant: Cecil Skinner
(b) Address: Mason City, Iowa
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1/9/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Jewell Cemetery
18. (a) Signature of funeral director: D. E. Riley
(b) Address: Kirksville, Mo
19. (a) 1-10-48 (Date received local registrar) (b) Kate Lambert (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan. day 5 year 1948 hour 6:00 minute P M.
21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....; that I last saw h..... alive on ....., 19.....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Myocarditis	
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy: 9321	

PHYSICIAN — Underline the cause of 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: Foster P. Easley Coroner (M. D. or other)
Address: Brashear, Mo. Date signed: 1/7/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 1-48-88
JAN 14 1948
Date Filed

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 D E R Riley

Licensed Embalmer No. 4181

P. O. Address Kirkville 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.