No. 2
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 3 1948

Registration District No. 42

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 4061

Primary Registration District No. 1000

Registrar's No. 263

1. PLACE OF DEATH:
(a) County: Buchanan
(b) City or town: St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2018 Francis St-Flanagan Nursing Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 2 days (Specify whether years, months or days)
In this community: 60 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Buchanan
(c) City or town: St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No.: 612 Locust St.
(If rural, give location)
(e) Citizen of foreign country? mo (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Rose Skelton
3. (b) If veteran, name war: no
3. (c) Social Security No.: no
4. Sex: Female
5. Color or race: white
6. (a) Single, widowed, married, divorced: widow
6. (b) Name of husband or wife: W.H.
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: March 7, 1877 (Month) (Day) (Year)
8. AGE: Years 70 | Months 11 | Days 6 | If less than one day: hr. min.
9. Birthplace: Lebanon, Mo. (City, town, or county) (State or foreign country)
10. Usual occupation: housewife
11. Industry or business: home
FATHER
12. Name: unknown
13. Birthplace: unknown (City, town, or county) unknown (State or foreign country)
MOTHER
14. Maiden name: unknown
15. Birthplace: unknown (City, town, or county) unknown (State or foreign country)
16. (a) Informant: Social Security Records
(b) Address: Patee Hall, St. Joseph, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2-28-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Maxwell Cemetery
18. (a) Signature of funeral director: Barry Funeral Home
(b) Address: St. Joseph, Mo.
19. (a) 3-3-48 (Date received local registrar) (b) E. L. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Feb day: 13 year: 1948 hour: 5 minute: A.M.

21. I hereby certify that I attended the deceased from February 7, 1948 to February 13, 1948 and that I last saw her alive on February 12, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: CA. of both lungs and chest, if.	18 mos.
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations:
Of autopsy:

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: 0

23. Signature: E. B. Werner (M. D. or other)
Address: Kirkpatrick Bldg. St. Joseph, Missouri Date signed: 2-20-48

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

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 Victor J. Barry

Licensed Embalmer No. 14212

P. O. Address St Joseph 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.