

5070 MAY 10 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

13763  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Jackson Registration District No. 1  
 (b) Township Kaw Primary Registration District No. \_\_\_\_\_ Registered No. 1517  
 (c) City Jackson City (d) Street No. 701 West 32 St. \_\_\_\_\_  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.  
 2. PRINT FULL NAME William H. Skinner  
 (a) Residence, No. 701 West 32 St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Genevieve Skinner  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 7 1893  
 7. AGE YEARS 45 MONTHS 8 DAYS 2 If LESS than 1 day, \_\_\_\_\_ hrs. \_\_\_\_\_ min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. \_\_\_\_\_  
 9. Industry or business in which work was done, as saw mill, bank, etc. Mechanic  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Barry Missouri  
 FATHER 13. NAME Samuel A. Skinner  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown  
 MOTHER 15. MAIDEN NAME unknown  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown  
 17. INFORMANT (ADDRESS) Mrs. Genevieve Skinner 701 West 32  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Barry Mo DATE April 10 1939  
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) O. T. Newbomer's Sons Brushcreek + Passes  
 20. FILED Apr 9 1939 M. M. Brown Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 9 1939  
 22. I HEREBY CERTIFY, That I attended deceased from Oct 28, 1938, to Apr 9, 1939.  
 I last saw him alive on 4-9, 1939. Death is said to have occurred on the date stated above, at 1:30 A.M.  
 The principal cause of death and related causes of importance were as follows:  
Carcinomatosis (Primary form undetermined) m. m. p.  
53  
 Other contributory causes of importance:  
Broncho Pneumonia (terminal)  
 Name of operation None Date of \_\_\_\_\_  
 What test confirmed diagnosis? X-ray + Lab Was there an autopsy? Yes  
 23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_  
 Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_  
 24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify \_\_\_\_\_  
 (Signed) Harry L. Jones, M. D.  
 (Address) Barbarian City, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECORD THIS IS A PERMANENT RECORD

**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 Nell Carr

Licensed Embalmer No. 3976

P. O. Address 1401 Bushmore

**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, above space should be left blank.**