

1939 JUL 17 1939

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

21385  
Do not use this space.

1. PLACE OF DEATH

(a) County Clark Registration District No. 11  
(b) Township..... Primary Registration District No. 3rd Registered No.....  
(c) City Kirkville, Mo. (d) Street No. 1st South St. 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

(a) Residence, No. 510 Baby Skeen St.  Browning, Mo.  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Still born

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .....hrs. or .....min. Still born

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Still born  
9. Industry or business in which work was done, as saw mill, bank, etc. Still born  
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) Kirkville, Mo.

FATHER 13. NAME Dwight Skeen

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pleasantville, Ia.

MOTHER 15. MAIDEN NAME Sylvia Martin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bowling Green, Ky.

17. INFORMANT (ADDRESS) Father - Dwight Skeen  
Browning, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Interment DATE Jun 29 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) J. W. Hummel  
Browning, Mo.

20. FILED 19..... Local Registrar. 3

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-28 1939

22. I HEREBY CERTIFY, That I attended deceased from Still born, to....., 19.....

I last saw him/her live on....., 19..... Death is said to have occurred on the date stated above, at.....m.

The principal cause of death and related causes of importance were as follows:

Still born Date of onset 6-27-39

Other contributory causes of importance:

Name of operation Delivery Date of 6-28-39  
What test confirmed diagnosis?..... Was there an autopsy?.....

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) J. J. Kemp, M.D., M. D.  
(Address) Kirkville, 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.

WHILE IN EXISTENCE, WITH CERTAINING INFORMATION IS A PERMANENT RECORD

I X16805

District North Office No. 11  
District File Number... 239-904  
Date Filed... JUL 14 1939

**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.....  
P. O. Address.....

**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.

STATE OF TEXAS  
DEPARTMENT OF HEALTH  
BUREAU OF PUBLIC HEALTH  
DALLAS, TEXAS

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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

21386-  
Do not use this space.

1. PLACE OF DEATH

(a) County Adair Registration District No. 4  
(b) Township ..... Primary Registration District No. 3001 Registered No. 169  
(c) City Kennettville (d) Street No. ....  
(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 Baby Green

(a) Residence, No. .... 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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) s  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF .....  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-28-39  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
stillborn  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. stillborn  
9. Industry or business in which work was done, as saw mill, bank, etc. ....  
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) Kennettville

FATHER 13. NAME Dwight Green

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pleasant Hill

MOTHER 15. MAIDEN NAME Sylvia Martin

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bowling Green

17. INFORMANT (ADDRESS) Dwight Green Folkert

18. BURIAL, CREMATION, OR REMOVAL burial

PLACED gentle DATE 6-28-39

19. FUNERAL DIRECTOR (ADDRESS) Edw. Burnett

20. FILED July 31, 1939 Spencer L. Freeman Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-28-39

22. I HEREBY CERTIFY, That I attended deceased from Stillborn, 19.....  
I last saw him ..... alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:  
Stillborn

Date of onset

Other contributory causes of importance:

Name of operation Delivery Date of 6-28-39  
What test confirmed diagnosis? ..... Was there an autopsy? .....

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? .....

If so, specify .....  
(Signed) J. J. Harris, M. D.  
(Address) Kennettville, 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, that it may be properly classified. Exact statement of OCCUPATION is very important.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

