

DEC 21 1939

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

39736
Do not use this space.

1. PLACE OF DEATH
 (a) County Harrison Registration District No. 3415478
 (b) Township Marion Primary Registration District No. 4204 Registered No. 16
 (c) City _____ (d) Street No. _____ 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 560. FIDEL W. WHITE SKINNER
 (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) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 7, 1861

7. AGE YEARS 78 MONTHS 2 DAYS 4 LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer
 9. Industry or business in which work was done, as saw mill, bank, etc. general
 10. Date ceased last worked at this occupation (month and year) July 1939 11. Total time (years) spent in this occupation 60

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Eagleville Mo

FATHER
 13. NAME Lot Skinner
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unk Ill

MOTHER
 15. MAIDEN NAME unk
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unk

17. INFORMANT (ADDRESS) Bertha Spierer Eagleville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Eagleville Mo DATE Nov 12 39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Hubert Pagan Mo

20. FILED 11-12-1939 Letitia Bremer Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 11 39

22. I HEREBY CERTIFY, That I attended deceased from 4-19, 1937, to 11-11, 1939
 I last saw him alive on 4-20 8:25, 1939. Death is said to have occurred on the date stated above, at _____ m. pm
 The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis Date of onset 1936

Other contributory causes of importance: None

Name of operation None Date of _____
 What test confirmed diagnosis? None Was there an autopsy? No

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) Dr. Bracy M. D.
 (Address) 309 Letitia Bremer

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.

RECEIVED

District Health Officer No. 111
District File Number 1239-1799
Date Filed DEC 19 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.