

JAN 12 1940
Registration District No. 411Primary Registration District No. 2002

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jasper
 (b) City or town Joplin
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: St. John's Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 6 Days
 (Specify whether years, months or days)
 In this community 2 Years

3. (a) PRINT FULL NAME William Edward Skipworth ¹⁶⁵

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Dec. 12, 1937
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
2 0 4 hr. min.9. Birthplace Joplin Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name William Skipworth13. Birthplace Joplin, Missouri
(City, town, or county) (State or foreign country)14. Maiden name Darlene Johnston15. Birthplace Percell Kansas
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Wm Skipworth(b) Address 1414 Byers, Joplin, Mo.17. (a) Burial (b) Date thereof 12-18-39
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Ozark Memorial Park18. (a) Signature of funeral director Hurlbut Und. Co.(b) Address 212 Joplin St., Joplin, Mo.19. (a) 12-19-39 (b) Ed D. Jamney
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri / (b) County Jasper
 (c) City or town Joplin
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1414 Byers Avenue
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 16
year 1939 hour 8 minute _____ P. A. M.21. I hereby certify that I attended the deceased from
12-15- 39, to 12-16, 39,
that I last saw him alive on 12-16- 39,
and that death occurred on the date and hour stated above.Immediate cause of death Edema of bronchial Duration
trachea tree, fromDue to Foreign body in bronchus

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)Major findings: Bronchoscopy ^{194 W}
Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident(b) Date of occurrence 12-10-39 Inhaled peanut(c) Where did injury occur? Joplin (in bronchus
(City or town) (County) (State)(d) Did injury occur in or about home, on farm, in industrial place, in public place?
About homeWhile at work? _____ (Specify type of place)
(e) Means of injury _____23. Signature Wm Skipworth (M. D. or other) ^{12/18/39}Address Joplin, Mo. Date signed 12/18/39

RECEIVED

District Health Officer No. 6,

District File Number 140-185

Date Filed JAN 10 1940

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

Steve D. Parker

Licensed Embalmer No.

2548

P. O. Address

Joplin 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, above space should be left blank.