DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 11 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5379

Registration District No. 399 — Primary Registration District No. 1002 — Registrar's No. 604

1. PLACE OF DEATH:

(a) County Jackson,
(b) City or town Kansas City, (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 300 East 36th St., (If not in hospital or institution, write street number or location) 2
(d) Length of stay: In hospital or institution no. (Specify whether
In this community 35 years. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Jackson,
(c) City or town Kansas City, (If outside city or town limits, write "RURAL")
(d) Street No. 300 East 36th St., (If rural, give location) 0
(e) If foreign born, how long in U. S. A.? Unknown, years.

3. (a) PRINT FULL NAME 560 Mrs. Mary B. Skinner,
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 Married
6. (b) Name of husband or wife D. M. Skinner,
6. (c) Age of husband or wife if alive 72 Yrs. years
7. Birth date of deceased February 22 1869 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
70	11	16	hr. min.

9. Birthplace Unknown, (City, town, or county) (State or foreign country) 9
10. Usual occupation at home, 4
11. Industry or business x
FATHER
12. Name Robert Clark, 5
13. Birthplace Scotland, (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Rebecca -
15. Birthplace Ireland, (City, town, or county) (State or foreign country)
16. (a) Informant's own signature D. M. Skinner,
(b) Address 300 East 36th St., K. C., Mo.
17. (a) Burial, (Burial, cremation, or removal) (b) Date thereof 2-10-40 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill Cemetery,
18. (a) Signature of funeral director Stine & McClure,
(b) Address 3235 Gillham Plaza, K. C., Mo.
19. (a) Feb. 8, 1940 (Date received local registrar) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February, day 8th, year 1940 hour 2:00 minute A. M.
21. I hereby certify that I attended the deceased from Mar 1933 to Feb 8 1940
that I last saw her alive on Feb 7 1940
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Congestive heart failure	2 mths
Due to Chronic Myocarditis with Auricular Fibrillation	6 mths
Due to	
Other conditions None (Include pregnancy within 3 months of death)	
Major findings: Of operations None	
Of autopsy None	

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)
(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? At Home (Specify type of place)
While at work? No (e) Means of injury
23. Signature J. V. Bell (M. D. or other)
Address 1132 Professional Bldg. Date signed 4-8-40

(Licensed Embalmer's Statement on Reverse Side)

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.

Dr. Bell,
Professional Bldg.

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 L. L. Allen

Licensed Embalmer No. 1415

P. O. Address K. C. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.