

Registration District No. 431Primary Registration District No. 3023Registrar's No. 26

1. PLACE OF DEATH:

- (a) County Tankson
 (b) City or town Warrensburg
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
402 E. Culton St. 2
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)

In this community
years, months or days8. (a) PRINT FULL NAME Donald K. Skeridian

8. (b) If veteran, name war _____ 8. (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 _____

7. Birth date of deceased Jan. 8 1940
(Month) (Day) (Year)8. AGE: Years 0 Months 1 Days 6 If less than one day _____ hr. _____ min.9. Birthplace Warrensburg Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Paul Skeridian13. Birthplace Warrensburg Mo.
(City, town, or county) (State or foreign country)14. Maiden name Martha Roberts15. Birthplace Warrensburg Mo.
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Mrs Paul Skeridian

(b) Address _____

17. (a) Burial (b) Date thereof Feb 15-1940
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Sun Set Hill18. (a) Signature of funeral director W.S. Hilary(b) Address Warrensburg Mo.19. (a) Feb 15 1940 (b) Edward Bentley
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Tankson
 (c) City or town Warrensburg
 (If outside city or town limits, write "RURAL")
 (d) Street No. 402 E. Culton St.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 14
year 1940 hour _____ minute 35 P.M.21. I hereby certify that I attended the deceased from Feb. 12
1940, to Feb. 14, 1940;that I last saw him alive on Feb. 14, 1940

and that death occurred on the date and hour stated above.

Immediate cause of death Acute meningitis from influenzaDuration 3 days

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)Major findings: _____
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) _____

(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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature W.S. Hilary (M. D. or other) _____Address Warrensburg Mo. Date signed 2/15/40

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 3/6/40

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 *Paul Keefe*
Licensed Embalmer No. 3053
P. O. Address *WATERBURY, 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 7086

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 431

Primary Registration District No. 3023

Registrar's No. 26

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
(a) County Johnson
(b) City or town Warrensburg
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community _____ (Specify whether years, months or days)

3. (a) PRINCE FULL NAME Donald W. Sheridan

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

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced 8

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

7. Birth date of deceased _____ (Month) _____ (Day) _____ (Year)

8. AGE: Years _____ Months 1 Days 6 If less than one day _____ hr. _____ min.

9. Birthplace Warrensburg, Johnson Co., Mo. (City, town, or county) _____ (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____
13. Birthplace _____ (City, town, or county) _____ (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) _____ (Day) _____ (Year)
(Burial, cremation, or removal)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) Feb 15, 1950 (b) _____ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH Month Jan day 14 year 1950 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw h. _____ alive on _____ and that death occurred on the date and hour stated above.

Immediate cause of death _____
Due to _____
Due to _____

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature C. B. Hall (M. D. or other) _____

Address Warrensburg _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

SUPPLEMENTARY

S-7086