FILED JUL 15 1940

Dr. W. Smith

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21737

Registration District No. 318 Primary Registration District No. 2001 Registrar's No. 513

1. PLACE OF DEATH:

(a) County: Greene

(b) City or town: Springfield (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1000 S. Pickwick (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Greene

(c) City or town: Springfield (If outside city or town limits write "RURAL")

(d) Street No.: 1000 S. Pickwick (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME: Alfred Russell Skinner 560

3. (b) If veteran, name war: No

3. (c) Social Security No. 496-03-8514

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Maude Skinner

6. (c) Age of husband or wife if alive: 45 years

7. Birth date of deceased: June (Month) 9 (Day) 1891 (Year)

8. AGE: Years ✓ 49 Months 0 Days 2 If less than one day hr. min.

9. Birthplace: Mt. Vernon (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Salesman

11. Industry or business: Bonds + Co, Kansas City, Mo

FATHER

12. Name: W. B. Skinner

13. Birthplace: Dry Run (City, town, or county) Pennsylvania (State or foreign country)

MOTHER

14. Maiden name: Nellie Greathead

15. Birthplace: McConnellsburg (City, town, or county) Pennsylvania (State or foreign country)

16. (a) Informant: John M. Skinner

(b) Address: Springfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: June 12 1940 (Month) (Day) (Year)

(c) Place: burial or cremation: Greenlawn

18. (a) Signature of funeral director: H.H. Lohmeyer 904 W

(b) Address: Springfield, Mo.

19. (a) 6-12-40 (Date received local registrar) (b) W.E. Handley MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11 year 1940 hour 10 minute 50 p. M.

21. I hereby certify that I attended the deceased from March 1, 1940, to June 11, 1940; that I last saw h alive on 19; and that death occurred on the date and hour stated above.

Immediate cause of death: Cirrhosis of Liver

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature: Walter Smith (M. D. or other)

Address: Springfield Mo Date signed: June 14 1940

(Licensed Embalmer's Statement on Reverse Side)

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

Original Record Security

6 34

124 12

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 M. L. Canaday

Licensed Embalmer No. 3434

P. O. Address Springfield Me

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.