

S.S.No.-Not remembered

## MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

## CERTIFICATE OF DEATH

Do not use this space.  
28273

## 1. PLACE OF DEATH

Clay  
 (a) County.....  
 (b) Township... ~~Fishing River~~ Registration District No. 198  
 or Excelsior Springs, Mo. Primary Registration District No. 3011  
 (c) City..... (d) Street No. Veterans Administration Facility Registered No. 128  
 (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. 2 mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

400 Edward E. Skeele, Jr.  
 (a) Residence, No. Senate Hotel, Kansas City, Mo. St.  Senate Hotel, Kansas City, Mo.  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

## 5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF Maxine Skeele  
~~WIDOWED~~

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 26 1896

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
 43 10 22

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

12. BIRTHPLACE (CITY OR TOWN) Chicago  
 (STATE OR COUNTRY) Illinois

FATHER 13. NAME Edward E. Skeele

14. BIRTHPLACE (CITY OR TOWN) Kenosha, Wis.  
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Edna May Disbro

16. BIRTHPLACE (CITY OR TOWN) Grand Haven, Mich.  
 (STATE OR COUNTRY)

17. INFORMANT Hospital Records  
 (ADDRESS)

18. SURFACE REMOVAL OR REMOVAL PLACE Wadsworth, Kans. DATE 8/19/40

19. FUNERAL DIRECTOR (NAME) Claude Prichard  
 (ADDRESS) Excelsior Springs, Mo.

20. FILED 8/20 1940 Mo. M. Kea M. Crapen  
 Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 18, 1940 19

22. I HEREBY CERTIFY, That I attended deceased from June 18, 1940, 19..... to Aug. 18, 1940, 19.....

I last saw him alive on August 18, 1940. Death is said to have occurred on the date stated above, at 12:45 P.M.

The principal cause of death and related causes of importance were as follows:

Coronary arteriosclerotic heart disease with coronary occlusion, myocardial infarction, anginal syndrome and myocardial insufficiency Class 5.

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis Exam. &amp; Obs. 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?

If so, specify Unknown

(Signed) W.A. GIERMAN, M.D. Clin. Dir. M. D.

Veterans Administration, Ex. Springs

Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

I X16605

STATE OF MISSOURI  
DEPARTMENT OF HEALTH

Public Health Service

Date Filed 07-26  
District File Number  
District Health Officer No. 8

RECORDED

**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.....

Walter Barker

Registered Apprentice No. 228

working under my personal supervision.

Signed Claude P. Richard

Licensed Embalmer No. 2757

P. O. Address Excelsior Springs

**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.