

FEB 18 1941

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

4601
Do not use this space.

1. PLACE OF DEATH

(a) County Stoddard Registration District No. 834
(b) Township New Bishop Primary Registration District No. 6103
(c) City Newbern, Mo. (d) Street No. _____
(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. mos. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

Registered No. 3103

2. PRINT FULL NAME

(a) Residence, No. Near Sears, Mo. 1 St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 26 - 1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 1 26

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Bloomfield, Mo.

FATHER 13. NAME John B. Skelton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sevier, 1

MOTHER 15. MAIDEN NAME Secretia

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sevier, 1

17. INFORMANT (ADDRESS) Buford Beas
Address, Mo. R-1

18. BURIAL, CREMATION, OR REMOVAL PLACE White Cemetery DATE Dec 23, 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Edna J. Morgan
Address, Mo.

20. FILED Jan 28, 1941 D. S. McPhee Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 22, 1940

22. I HEREBY CERTIFY, That I attended deceased from Dec 15, 1940, to Dec 22, 1940
I last saw h. et. alive on Dec 22, 1940 Death is said to have occurred on the date stated above, at 7 a.m.
The principal cause of death and related causes of importance were as follows:

Principal cause of death: Bronchopneumonia Date of onset 12-12-40
107W
Other contributory causes of importance: Cerebral arteriosclerosis ?

Name of operation None Date of _____
What test confirmed diagnosis? None Was there an autopsy? Yes

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? No
If so, specify _____
(Signed) J. H. Lane M. D.
158 (Address) Pharm. field Mo.

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.

STATE OF GEORGIA
DEPARTMENT OF HEALTH
DIVISION OF PUBLIC HEALTH

RECEIVED

District Health Officer No. 2,

District File Number 241-199

Date Filed 2/10/41

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,

Lloyd A Morgan

or by

Registered Apprentice No. ~~2387~~, working under my personal supervision.

Signed

Lloyd A Morgan

Licensed Embalmer No.

3361

P. O. Address

Advance 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.