S. No. 2
—11-10-39
. 5-17-39
I X21492

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

FILED JUN 10 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18212

Registration District No. 429 Primary Registration District No. 5593 Registrar's No. 12

1. PLACE OF DEATH:

(a) County Johnson

(b) City or town Rural (Montserrat Tp.)
(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 (Specify whether years, months or days) all his life

In this community all his life

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Johnson

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Montserrat Township
(If rural, give location)

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

3. (a) PRINT FULL NAME James H. Skidmore

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex male

5. Color or race White

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

6. (b) Name of husband or wife Edith E. Skidmore

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased Nov. (Month) 4 (Day) 1887 (Year)

8. AGE: Years 53 Months 6 Days 24 If less than one day ..... hr. ..... min.

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

10. Usual occupation Farmer & trader

11. Industry or business

MOTHER FATHER

12. Name Thomas Skidmore

13. Birthplace Mo (City, town, or county) (State or foreign country)

MOTHER

14. Maiden name Mary Graves

15. Birthplace Johnson Co. (City, town, or county) Mo (State or foreign country)

16. (a) Informant Mrs. J. H. Skidmore

(b) Address Knob Noster Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May-30-41 (Month) (Day) (Year)

(c) Place: burial or cremation City Cem. K. N. Mo

18. (a) Signature of funeral director O. L. Faulk

(b) Address Knob Noster Mo.

19. (a) 5-29-41 (Date received local registrar) (b) Richard E. Thurston (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28 year 1941 hour 2:00 PM minute ..... M.

21. I hereby certify that I attended the deceased from Dec. 1940 to May 28 1941 that I last saw h. alive on ..... 19..... and that death occurred on the date and hour stated above.

Immediate cause of death In my opinion Cardiac Failure

Due to Acute Bronchitis

Due to Had started to improve with touch of Cattarh

Other conditions (Include pregnancy within 3 months of death) 94 lb

Major findings: Of operation No operation

Of autopsy No 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 John T. Anderson (M. D. or other)

Address Warrensburg Date signed 5-29-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 6-9-41

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, or by Donalley P. Saults, Registered Apprentice No. 249 working under my personal supervision.

Signed C. L. Saults

Licensed Embalmer No. 1086

P. O. Address Knob Noster Mo

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

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

JOHN T. ANDERSON, M. D.

MONTGOMERY BUILDING
SUITE NO. 2

FFICE PHONE 212L — RES. PHONE 23

OR..... DATE June 3rd 1941

DDRESS.....

R I have been the family physician of James H. Skidmore for 21 years - James himself never was sick enough to be called to his bedside during this period. His blood pressure was a little too high the last time that I took it. He was a person of temperament - on the run all the time

See over

URTHOUSE DRUG STORE
219 N. HOLDEN
ONE 101 WARRENSBURG, MO. ..... M. D.

I had not been juned for
2 months prior I am
acquainted with his
nervous & arterial condition
so I do not hesitate to
sign his death certificate
& list the cause of his
death as cardiac thrombosis

John T Anderson MD

1941

S-18211