

Registration District No. **579**

Primary Registration District No. **1002**

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

**1. PLACE OF DEATH:**

(a) County **Jackson**

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

(c) Name of hospital or institution: **St. Luke**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **4 days**  
(Specify whether years, months or days) **0 4 days**

**3. (a) PRINT FULL NAME** **Joseph Skubitz**

**3. (b) If veteran** **unk** **3. (c) Social Security name war.** **No.** **unk**

**4. Sex** **male** **5. Color or race** **white** **6. (a) Single, widowed, married, divorced** **maried**

**6. (b) Name of husband or wife** **Mary** **6. (c) Age of husband or wife if alive** **55** years

**7. Birth date of deceased** **un known**  
(Month) (Day) (Year)

**8. AGE:** Years **57** Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

**9. Birthplace** **un known Austria**  
(City, town, or county) (State or foreign country)

**10. Usual occupation** **Retired coal miner**

**11. Industry or business** **coal**

**MOTHER FATHER**

**12. Name** **un known**

**13. Birthplace** **un known** **9**  
(City, town, or county) (State or foreign country)

**14. Maiden name** **un known**

**15. Birthplace** **un known** **9**  
(City, town, or county) (State or foreign country)

**16. (a) Informant** **Mr Carl Mory**  
(b) Address **Franklin 7 days**

**17. (a) Burial, cremation, or removal** **Burial** **(b) Date thereof** **Oct. 6 41**  
(Month) (Day) (Year)

**(c) Place: burial or cremation** **Pittsburg Kans.**

**18. (a) Signature of funeral director** **J. C. Zupfel**  
(b) Address **7 South Main Hannover**

**19. (a) 10/5/41 (b) M. M. Crowe**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Kans.** (b) County **Crawford**

(c) City or town **Pittsburg 79ers.**  
(If outside city or town limits, write "RURAL")

(d) Street No. **909 E. 9th**  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? **40** years **21**

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **Oct.** day **4** year **1941** hour **1 P.M.** minute \_\_\_\_\_ M.

**21. I hereby certify that I attended the deceased from** **10/1/41** to **10/4/41**, 19\_\_\_\_; that I last saw him alive on **10/4/41**, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death **Pest Oper Shock**  
**Causes of Lung**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions **Autoecolic lung**  
(Include pregnancy within 3 months of death)

Major findings: **Cover of Lung**  
Of operations \_\_\_\_\_

Of autopsy **H7D**

Duration

**1 Day**  
**2 months**

**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) **no**

(b) Date of occurrence **no**

(c) Where did injury occur? **no**  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **no**

While at work \_\_\_\_\_ (Specify type of place)

**23. Signature** **W. L. ...** (M. D. or D. O.) **no**

Address **Hannover City Mo** Date signed **10/4/41**

**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 \_\_\_\_\_

*Mrs. Maude Adair*

Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

*Mrs. Maude Adair*

Licensed Embalmer No. \_\_\_\_\_

*4016*

P. O. Address \_\_\_\_\_

*Danvers City 7-*

**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.**