

No. 2  
1-4-41  
17-39  
X26390

State File No. \_\_\_\_\_

DEC 22 1941

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 4208

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kan City

(c) Name of hospital or institution: 2802 - Olive  
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether)

In this community 16 yrs  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson

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

(d) Street No. 2802 Olive  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Leuther Skelton

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex MALE 5. Color or race White

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

6. (b) Name of husband or wife Unknown

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

7. Birth date of deceased Aug 19 - 1884  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

67 2 21 hr. min.

9. Birthplace Virginia  
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business \_\_\_\_\_

12. Name William Skelton

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

14. Maiden name unk. Kish

15. Birthplace Virginia  
(City, town, or county) (State or foreign country)

16. (a) Informant William Skelton

(b) Address 2802 - Olive

17. (a) Burial (b) Date thereof 11-12-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Burgman Funeral Home

(b) Address 4306 - 72nd Street

19. (a) 11-12-41 (b) M. Crowe  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 10  
year 1941 hour 7 minute 30 M.

21. I hereby certify that I attended the deceased from 10-9-41  
19\_\_\_\_ to 11-10-41 1941  
that I last saw him alive on 11-9- 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Ruptured  
10 blood vessel in liver

Due to ulcer of Duodenum

Also - Parasitiasis  
Anterior 117B

Other conditions Parasitiasis  
(Including pregnancy within 3 months of death)

Major findings: Parasitiasis of liver

Of operations Ruptured ulcer  
duodenum

Of autopsy yes

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? \_\_\_\_\_

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

23. Signature M. D. Crowe (M.D. or other)

Address 720 Ogden Bldg Date signed 11-11-41

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

**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..... *Harry Bergman*.....

Licensed Embalmer No..... *2041*.....

P. O. Address..... *Ken City, 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, fact should be so stated above.**