

Registration District No. 90

Primary Registration District No. 4514

Registrar's No.

FILED JUN 10 1942

1. PLACE OF DEATH:

(a) County Storch
(b) City or town Albendale, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
East part of Albendale
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community 6 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Storch
(c) City or town Albendale
(If outside city or town limits, write "RURAL")
(d) Street No. East part of Albendale
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 10 + 4
year 1942 hour 12 o'clock minute noon M.

21. I hereby certify that I attended the deceased from April 9, 1942, to April 10, 1942
that I last saw her alive on April 9, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of ascending colon

Duration

Due to
Due to
Other conditions (Include pregnancy within 3 months of death) None

PHYSICIAN

Major findings: Carcinoma
Of operations
Of autopsy

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) Means of injury 2

23. Signature Dr. R. L. Green (M.D. or other) DO
Address New Hampton Mo Date signed 4/11/42

3. (a) PRINT FULL NAME Rebecca Jane Skelton

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

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife James Edward Skelton 6. (c) Age of husband or wife if alive 82 years

7. Birth date of deceased June (Month) 5 (Day) 1867 (Year)

8. AGE: Years 74 Months 10 Days 5 If less than one day hr. min.

9. Birthplace Thompson Valley Va (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Thomas Stephenson

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

14. Maiden name Nancy Brooks

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

16. (a) Informant J. S. Skelton

(b) Address New Hampton, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 12 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Memory Chapel Church

18. (a) Signature of funeral director W. H. Hallett

(b) Address New Hampton Mo.

19. (a) April 20 1942 (Date received local registrar) (b) Arlene Scadden (Registrar's signature)

1104

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

1003

DEC 10 1914

1914

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 M

W H Noble

Registered Apprentice No. _____

working under my personal supervision.

Signed W H Noble

Licensed Embalmer No. 2904

P. O. Address New Hampton

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, fact should be so stated above.