

U. S. No. 2  
Form 9-4-41  
Rev. 5-17-39  
I X29464

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **41526**

FILED JAN 11 1942  
Registration District No. **272**

Primary Registration District No. **5912**

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:  
(a) County **Pemiscot**  
(b) City or town **Virginia Twp.**  
(c) Name of hospital or institution **"Home"**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **14 mos.**  
In this community **14 mos.**  
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **Pemiscot**  
(c) City or town **Steele (Route 2.)**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **Virginia Twp.**  
(If rural, give location)  
(e) Citizen of foreign country? **0** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Maryln Odessa Skelton**  
3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH, Month **Sept** day **24**, year **1942** hour **1:10** minute **P.** M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date and hour stated above.  
Immediate cause of death \_\_\_\_\_

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Divorced**  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days  
7. Birth date of deceased **July 29, 1941**  
(Month) (Day) (Year)

Duration  
Due to **Colitis**  
**and without medical attention**  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

8. AGE: Years \_\_\_\_\_ Months **2** Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

9. Birthplace **Steele Pemiscot Co, MO**  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

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

12. Name **Vasco Skelton**

13. Birthplace **Wayne Co, TENN**  
(City, town, or county) (State of foreign country)

14. Maiden name **Clyde Williams**

15. Birthplace **White Co, Arkansas**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Vasco Skelton**

(b) Address **Steele, Mo. Route 2**

17. (a) **Burial** (b) Date thereof **Sept 25, 1942**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt Zion**

18. (a) Signature of funeral director **Swift Funeral Home**  
(b) Address **Osceola, Ark.**

19. (a) **Sept 25 42** (b) **Mrs Dorothy Hanna**  
(Date received local registrar) (Registrar's signature)

PHYSICIAN  
Underline the cause to which death should be charged statistically.  
**1190**

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) (a) Means of injury \_\_\_\_\_  
23. Signature **Julius V. Moore** (M.D. or other) **9/26/42**  
Address **Steele, Mo.** Date signed \_\_\_\_\_

(Box 272) 120 Steele, Mo. (Licensed Embalmer's Statement on Reverse Side)

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

78  
0  
0

1-32-43

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**