

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3772

State File No.

JAN 21 1943

Registration District No. 380

Primary Registration District No. 6225

Registrar's No. 136

1. PLACE OF DEATH:
(a) County Vernon
(b) City or town Washington Twp. Miss.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
State Hospital No. 3 Nevada, Mo
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 35 yrs 1 month 15 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Jasper
(c) City or town Carthage
(If outside city or town limits, write "RURAL")
(d) Street No. Unknown
(If rural, give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country U.S.

3. (a) PRINT FULL NAME HOMER Skannady
(b) If veteran, name war Unknown
(c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec day 22nd
year 1942 12 hour 45 minute P. M.
21. I hereby certify that I attended the deceased from Sept 1st
1940 to Dec 22nd 1942
that I last saw him alive on Dec 22nd 1942
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Unknown
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Unknown
(Month) (Day) (Year)

Immediate cause of death
Bi. lateral Pulmonary Tuberculosis
Duration _____

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

Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death)
1381

MOTHER FATHER

9. Birthplace Unknown (City, town, or county) (State or foreign country)
10. Usual occupation Unknown
11. Industry or business _____
12. Name Unknown
13. Birthplace Unknown (City, town or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant State Hospital Records
(b) Address Nevada, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-24-42
(Month) (Day) (Year)
(c) Place: burial or cremation Hospital Cemetery
18. (a) Signature of funeral director Henry Funeral Home
(b) Address Nevada, Mo
19. (a) Dec. 23, 1942 (Date received local registrar) (b) Elizabeth Bridenridge (Registrar's signature)

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) (e) Means of injury _____
23. Signature G. S. Warrier (M. D. or other) _____
Address Nevada, Mo Date signed 12/22/42

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

108
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RECEIVED

District Health Officer No. 71

District File Number 12-42-1505

Date Filed 1-15-43

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 L. B. Terry

Licensed Embalmer No. 1760

P. O. Address Neveda ms

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.