U. S. No. 2
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5-17-39
P I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 19 1943

Registration District No. 1

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3000

State File No. 5648

Registrar's No. 27

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

1. PLACE OF DEATH:
(a) County Adair
(b) City or town Kirksville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 206 Karlton Building 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community 3years

2. USUAL RESIDENCE OF DEACESED: 999
(a) State Illinois (b) County Adams 11
(c) City or town Quincy (If outside city or town limits, write "RURAL") 0
(d) Street No. 325 N. 9th (If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 2
If yes, name country

3. (a) PRINT FULL NAME Harry Pomroy Skinner
3. (b) If veteran, name war -
3. (c) Social Security No. ---
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Single 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July (Month) 2 (Day) 1863 (Year)
8. AGE: Years 79 Months 6 Days 24 If less than one day hr. min.
9. Birthplace Quincy, Illinois (City, town, or county) 1 (State or foreign country)
10. Usual occupation Mail carrier
11. Industry or business
FATHER 12. Name Agustus Colton Skinner
13. Birthplace Cincinnatti, Ohio (City or town) 1 (State or foreign country)
MOTHER 14. Maiden name Frances Bagby Lane
15. Birthplace Cincinnatti, Ohio (City, town, or county) 1 (State or foreign country)
16. (a) Informant Augustus Colton Skinner Jr.
(b) Address Jefferson Hotel, Kirksville, Mo.
17. (a) Burial Woodland Cem. (Burial, cremation, or removal) (b) Date thereof 1-29-43 (Month) (Day) (Year)
(c) Place: burial or cremation Quincy, Ill.
18. (a) Signature of funeral director Summers & Powell
(b) Address 115 W. Jefferson
19. (a) Jan. 28, 1943 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 26 year 1943 hour 7.30 P. M. minute M.
21. I hereby certify that I attended the deceased from Jan. 17 1943 to Jan. 26 1943 that I last saw him alive on Jan. 26 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Senility with senile dementia	
22 Due to	
Due to	
Other conditions Inguinal hernia. (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature U. B. Garrison (M. D. or other) D.O.
Address Kirksville, Mo. Date signed 1-28-43

1049 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 2-43-397
Date Filed FEB 16 1943

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 W. C. Summers

Licensed Embalmer No. 2149

P. O. Address Kirksville

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.