

Registration District No. 282

Primary Registration District No. 5971

1. PLACE OF DEATH:

(a) County Polk
(b) City or town Balmar - rural - N.E. moian
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community..... none (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Polk
(c) City or town Balmar - rural - N.E. moian
(If outside city or town limits, write "RURAL")
(d) Street No. 6 miles East of Balmar
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Jane Skinner

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

4. Sex female / race white / 5. Color or race.....
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife D. G. Skinner 6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased July 24 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 4 26 hr. min.

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

10. Usual occupation Housewife

11. Industry or business.....

MOTHER FATHER
12. Name Jeff Campbell
13. Birthplace Unknown Tenn
(City, town, or county) (State or foreign county)
14. Maiden name Rebecca (Cinknowen) Reche
15. Birthplace Unknown Tenn
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Edith Manes
(b) Address Balmar Mo

17. (a) Burial (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation Polk cemetery

18. (a) Signature of funeral director Chyquita J. Hutchins Co
(b) Address Balmar Mo
19. (a) Jan 14, 1943 (b) Alma Palen
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 30
year 1942 hour 8 minute 10 p. M.
21. I hereby certify that I attended the deceased from 1938
....., 19....., to Dec 28, 1942
that I last saw h. or. alive on Dec 20, 1942, 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Hypostatic Pneumonia
Myocarditis

Due to.....
Due to.....

Other conditions (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?

While at work? (Specify type of place) (e) Means of injury.....
23. Signature M. J. Gumbert M. D.
Address 130 N. Main, Mo Date signed 1-8-43

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

RECEIVED

District Health Officer No. 7,

District File Number 1-43-31

Date Filed 2-3-48

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.....

O. H. Jester

.....
Licensed Embalmer No. 4154

P. O. Address.....

Bolivar, Mo

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 7299

Registration District No. 282

Primary Registration District No. 5971

Registrar's No. 2

1. PLACE OF DEATH:

(a) County Polk

(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)

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

In this community _____ (Specify whether years, months or days)

3. (a) PRINT FULL NAME Jane Skurine

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

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 24 1942
(Month) (Day) (Year)

8. AGE: Years 26 Months 4 Days _____ (If less than one day) min.

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

10. Usual occupation _____

11. Industry of business _____

12. Name _____

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

14. Maiden name _____ (City, town, or county) (State or foreign country)

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

16. (a) Informant _____ (b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____ (b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

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

(d) Street No. _____ (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day _____ year 1942 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____; that I last saw him _____ 19____; and that death occurred on the date and hour stated above

Immediate cause of death Suppurative pneumonia
myocarditis

Due to 7 lobar type

Due to _____

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy 108

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 W. J. Skurine (M.D. or other) _____
Address _____ Date signed _____

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

SUPPLEMENTARY

MOTHER FATHER

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

