

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

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

33

FILED JUL 31 1943

Registration District No. 1

Primary Registration District No. 3000

Registrar's No. 165

1. PLACE OF DEATH

(a) County Adair

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

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

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

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Adair

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

(d) Street No. 401 E. Benton
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Yellie Manda Skain

3. (b) If veteran, name _____ 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 W.E. Skain 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased July 13 1886
(Month) (Day) (Year)

8. AGE: Years 56 Months 9 Days 3 If less than one day _____ hr. _____ min.

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

10. Usual occupation house keeper

11. Industry or business own home

12. Name Martin Lot

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

14. Maiden name Johana Schmidt

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

16. (a) Informant W.E. Skain

(b) Address Pikesville

17. (a) burial (b) Date thereof 6/18/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Home

18. (a) Signature of funeral director Bumpers Powell

(b) Address Pikesville Mo

19. (a) 6/18/43 (b) Mrs. J. Wayne
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 16
year 1943 hour 5 minute 0 M.

21. I hereby certify that I attended the deceased from 1940
19 _____ to June 16 1943
that I last saw her alive on June 16 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Embolism

Due to Thrombosis in Right Leg

Due to Chronic Hepatitis
apparently of Bacterial type

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

Major findings: Of operations 153!!

Of autopsy none

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 2

23. Signature W. A. Jones (M.D. or other) DD

Address Pikesville Mo Date signed 6/17/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

1049

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 10

District File Number 7-43-1179

Date Filed JUL 30 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. 2159

P. O. Address Tinsville 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.