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M-5-42  
7-5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29997

State File No.

D SEP 4 1943 282

Primary Registration District No. 3055

Registrar's No. 29

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

1. PLACE OF DEATH:

(a) County Tall  
(b) City or town Salina  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
618 East Broadway 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 60 years. (Specify whether  
years, months or days)

3. (a) PRINT FULL NAME Minnie Gravelly Skinker  
3. (b) If veteran, name war none (c) Social Security No. none

5. Color or race Female / White  
6. (a) Single, widowed, married, divorced Married  
(b) Name of husband or wife C. H. Skinker  
6. (c) Age of husband or wife if alive 79 years  
7. Birth date of deceased Mar 4 1868  
(Month) (Day) (Year)

8. AGE: Years 75 Months 4 Days 27 If less than one day \_\_\_\_\_ min.

9. Birthplace Near Stockton Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation House keeper

11. Industry of business Home work

12. Name of father Joseph J. Gravelly

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

14. Maiden name Martha Marshall

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

16. (a) Informant C. H. Skinker

(b) Address Salina Mo

17. (a) Burial (b) Date thereof Aug 2 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Arundel Blue

(b) Address Salina Mo

19. (a) Aug 7 1943 (b) Alice Palen  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Tall  
(c) City or town Salina  
(If outside city or town limits, write "RURAL")  
(d) Street No. 618 East Broadway  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31, year 1943 hour 11 minute a. M.

21. I hereby certify that I attended the deceased from July 1, 1943 to July 31, 1943  
but I last saw him alive on \_\_\_\_\_, 19\_\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death acute heart failure

Due to Chronic myocarditis  
acute pyelitis

Other conditions 93d  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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 Doyle McCreaw (M.D. or other) \_\_\_\_\_  
Address Salina Date signed 8-7-1943

Duration

2 days

5 yrs

2 yrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

1298

NOV 8 1946

RECEIVED

District Health Officer No. 7,

District File Number 8-43-849

Date Filed 9-2-43

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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 Harold B. Egan  
Licensed Embalmer No. 5092  
P. O. Address Baltimore 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.