

No. 2
-5-42
-1-36
1-28-52

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34226**
Registrar's No. **319**

NOV 6 1943

Registration District No. **43**

Primary Registration District No. **2007**

1. PLACE OF DEATH:

(a) County **BUTLER**
(b) City or town **POPLAR BLUFF**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
POPLAR BLUFF HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **17 DAYS**
(Specify whether
In this community **TO**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO.** (b) County **BUTLER**
(c) City or town **POPLAR BLUFF**
(If outside city or town limits, write "RURAL")
(d) Street No. **DELANO ST**
(If rural, give location)
(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country **0**

3. (a) PRINT FULL NAME **JOHN CURTIS SKINNER**

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

4. Sex **MALE** (b) Color or race **WHITE** 6. (a) Single, widowed, married, divorced **MARRIED**
6. (b) Name of husband or wife **Viola** 6. (c) Age of husband or wife if alive **61** years
7. Birth date of deceased **MAR 8 1886**
(Month) (Day) (Year)

8. AGE: Years **77** Months **7** Days **8** If less than one day hr. min.

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

10. Usual occupation **FARMER**

11. Industry or business _____

MOTHER FATHER { 12. Name **ANDREW SKINNER**

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

14. Maiden name **MARY NORTON**

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

16. (a) Informant **Mrs Viola Skinner**

(b) Address **Poplar Bluff Mo**

17. (a) **BURIAL** (b) Date thereof **OCT 18 1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **BLACK CREEK CEM.**

18. (a) Signature of funeral director **N. P. Phelps**

(b) Address **Poplar Bluff Mo**

19. (a) **10-26-43** (b) **Walter Turner**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **10** day **16**
year **43** hour **6:55** minute **0** M.

21. I hereby certify that I attended the deceased from **Sept 26 1943** to **Oct 16 1943**
that I last saw him alive on **10-16 1943**
and that death occurred on the date and hour stated above.

Immediate cause of death **Pericardial hemorrhage**
Due to **arteriosclerosis**

Due to _____

Other conditions **Ja**
(Include pregnancy within 3 months of death)

Major findings:
Of operations **and**
Of autopsy **and**

Duration
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) **no**

(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 **Walter Turner** (M. D. or other)
Address **Poplar Bluff Mo** Date signed _____

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

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RECEIVED

District Health Office No. 2,

District File Number 1143-1375

Date Filed 11-9-43

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.....

Licensed Embalmer No. 3231

P. O. Address Pepper Bluff 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.