

No. 2  
-13-40  
-17-39  
X23159

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

Dr J P Skinner 37594

FILED DEC 7 1943

State File No. \_\_\_\_\_  
Registrar's No. 6

Registration District No. 28 Primary Registration District No. 3029

1. PLACE OF DEATH: Bates  
(a) County \_\_\_\_\_  
(b) City or town Pleasanton, Kansas Rural  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Walnutburg  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community: 81 yrs. 1 (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County Bates 7  
(c) City or town Pleasanton 15 (Rural) 0  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Wilma Ann Murray  
3. (b) If veteran,  name war \_\_\_\_\_  
3. (c) Social Security No. 2

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, widowed  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if  
alive  years \_\_\_\_\_  
7. Birth date of deceased Mar 5 1859  
(Month) (Day) (Year)

8. AGE: Years 84 Months 8 Days 2 If less than one day  
hr. min.

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

10. Usual occupation House Wife

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name Alvia Root 9  
13. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Ladine Hankshaw  
15. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Wm. Fred Goff

(b) Address Pleasanton, Pa.

17. (a) Burial (b) Date thereof 11-9-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasanton

18. (a) Signature of funeral director W. Taylor, the Son

(b) Address Pleasanton, Kansas

19. (a) 11-14-43 (b) Dr. E. M. Henderson  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 7  
year 43 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Nov 1  
1943 to Nov 7 1943  
that I last saw her alive on Nov 3 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death embolism and senility. Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 927

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 J. P. Skinner (M. D. or other) \_\_\_\_\_  
Address Pleasanton, Mo. Date signed 11-10-43

PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 7,

District File Number 11-43-1278

Date Filed 12-6-43

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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

*W<sup>m</sup> P. Torrey*

Licensed Embalmer No.

*3441*

P. O. Address

*Pleasanton, Ca*

**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.**