

FILED FEB 2 1944

Primary Registration District No. 233

Registrar's No. 9

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

1. PLACE OF DEATH:

(a) County Putnam  
(b) City or town UNIONVILLE  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: MONROE Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 17 days  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Putnam  
(c) City or town RURAL  
(If outside city or town limits, write "RURAL")  
(d) Street No. YORK TOWNSHIP  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Elsie Alberta Skipper

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

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced, MARRIED  
6. (b) Name of husband or wife ROBERT R SKIPPER 6. (c) Age of husband or wife if alive 67 years  
7. Birth date of deceased JANUARY - 6 - 1885  
(Month) (Day) (Year)

8. AGE: Years 58 Months 11 Days 29 If less than one day  
hr. min.

9. Birthplace Putnam County, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business HOMEWORK

12. Name LAFAYETTE TORREY

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

14. Maiden name ANN SIMMONS

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

16. (a) Informant POWERSVILLE, MO

(b) Address Robert R Skipper

17. (a) BURIAL (b) Date thereof JAN - 7 - 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation WYREKA CEMETERY

18. (a) Signature of funeral director, Somstock FUNERAL HOME

(b) Address Unionville, Mo. By J.W. Somstock

19. (a) (b) (Date received local registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JANUARY day 5  
year 1944 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

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

Immediate cause of death: Heart Myocardial Failure  
Due to: Possibly embolism  
Due to: \_\_\_\_\_

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

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

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) \_\_\_\_\_  
(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 L.W. McDonald (M. D. or other) DO  
Address Powersville, Mo Date signed 1/7/44

RECEIVED

District Health Officer No. 10

District File Number 2-44-364

Date Filed FEB 8 1944

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 James W. Somstock

Licensed Embalmer No. 4197

P. O. Address Unionville, 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.