

FILED SEP 14 1944
Registration District No. 176

Primary Registration District No. 5568

State File No. _____
Registrar's No. 215

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town 817 S. Mullis Fairmount
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Repine Convalescent Home 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 Months
(Specify whether years, months or days) 70 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Independence 4
(If outside city or town limits, write "RURAL")
(d) Street No. 305 So. Liberty 4
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mrs. E. M. Skinner
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug 13th, day 13th, year 1944 hour 4 minute 30 A.M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married. Divorced Widowed
6. (b) Name of husband or wife William A Skinner 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Aug 21 1867
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct 1942 to Aug 13, 1944 that I last saw her alive on Aug 13, 1944 and that death occurred on the date and hour stated above.

8. AGE: Years 76 Months 11 Days 23 If less than one day _____ hr. _____ min.

Immediate cause of death: Cerebral hemorrhage
Due to: General arterio-sclerosis

9. Birthplace Janesboro Georgia
(City, town, or county) (State or foreign country)

Due to _____

10. Usual occupation House Wife

Other conditions (Include pregnancy within 3 months of death) 830

11. Industry or business _____

PHYSICIAN _____

12. Name Richard B. Humphrey

Major findings: Of operations _____

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

Of autopsy _____

14. Maiden name Lemira Haines

Underline the cause to which death should be charged statistically.

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

22. If death was due to external causes, fill in the following:

16. (a) Informant Roger A. Skinner (Son)

(a) Accident, suicide, or homicide (specify) _____

17. (a) Burial (b) Date thereof Aug 16-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(b) Date of occurrence _____

(c) Place: burial or cremation Woodlawn

(c) Where did injury occur? _____ (City or town) (County) (State)

18. (a) Signature of funeral director Ott Mitchell

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(b) Address 310 N. Main St Independence

23. Signature J. H. Andrews (M. D. or other)

19. (a) 8-16-44 (b) James H. Ross
(Date received from registrar) (Registrar's signature)

Address Independence Mo Date signed 8/16/44

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

MOTHER FATHER

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 me

....., Registered Apprentice No.

working under my personal supervision.

Signed

Henry H. Mitchell

Licensed Embalmer No. 3925

P. O. Address Indep. 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.