

FILED OCT 19 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21920

Registration District No. 217

Primary Registration District No. 3045

Registrar's No. 75

1. PLACE OF DEATH:

(a) County Mississippi
(b) City or town Charleston
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
South Green St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 30 Years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Martha Edna Rose Skinner

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

4. Sex F 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife C. B. Skinner 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased March 12th 1882
(Month) (Day) (Year)

8. AGE: Years 52 Months 5 Days 23 If less than one day hr. min.

9. Birthplace Anna Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation House-wife

MOTHER FATHER

11. Industry or business
12. Name Jake Johnson
13. Birthplace N.K. N.K.
(City, town, or county) (State or foreign country)
14. Maiden name N.K.
15. Birthplace N.K. N.K.
(City, town, or county) (State or foreign country)

16. (a) Informant C. B. Skinner
(b) Address Green St. Charleston, Mo.

17. (a) Burial (b) Date thereof 9-6-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Charleston, Mo.

18. (a) Signature of funeral director John J. ...
(b) Address ...

19. (a) 10/1/44 (b) Mr. Lon Moore
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Miss.
(c) City or town Charleston
(If outside city or town limits, write "RURAL")
(d) Street No. South Green St.
(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 September day 5th
year 1944 hour 3 minute 30 A. M.

21. I hereby certify that I attended the deceased from 9-8-44, 19... to 9-5-44, 19...
that I last saw her alive on 9-5-44, 19...
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis

Due to 93%

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

PHYSICIAN
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)
(c) Means of injury
23. Signature O. J. Huck (M. D. or other) O.C.
Address Charleston Mo Date signed 9-5-44

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

RECEIVED

District Health Office No. 2,

District File Number 1044-1428

Date Filed 10-18-44

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.....

P. O. Address.....

John F. Annelle Jr
3851

Charleston, 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.