

FILED MAR 15, 1945

Registration District No. **1**

Primary Registration District No. **5426**

1. PLACE OF DEATH:

(a) County **Franklin.**
(b) City or town **Villa Ridge Boles township.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Villa Ridge, Mo.**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **None.**
In this community **52 yrs.**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Franklin**
(c) City or town **Villa Ridge**
(If outside city or town limits, write "RURAL")
(d) Street No. **56**
(If rural, give location)
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country **U.S.**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **February** day **12th.**
year **1945** hour **2:00** minute **P.** M.

21. I hereby certify that I attended the deceased from **4/1** to **2-12** 19**45**
that I last saw him alive on **2-10** 19**45**
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Myocarditis** Duration **3 yrs.**

Due to _____
Due to _____

Other conditions **Hypertension**
(Include pregnancy within 5 months of death)
Chronic Fibillation

Major findings:
Of operations _____
Of autopsy **93d**

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 **0**
23. Signature **L. H. M. Denny** (M. D. or other) **MD**
Address **Union Mo** Date signed **2-14-45**

3. (a) PRINT FULL NAME **Andrew Skornia.**

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

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Anna Skornia** 6. (c) Age of deceased or wife if alive **deceased** years

7. Birth date of deceased **November 28th, 1859.**
(Month) (Day) (Year)

8. AGE: Years **85** Months **2** Days **14** If less than one day hr. min.

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

10. Usual occupation **Blacksmith.**

11. Industry or business **X**

12. Name **John Skornia.**

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

14. Maiden name **Unknown.**

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

16. (a) Informant **Edw. Skornia**

(b) Address **Villa Ridge, Mo.**

17. (a) **Burial** (b) Date thereof **Feb. 15, 1945.**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Villa Ridge, Mo., R.F.D.**

18. (a) Signature of funeral director **Wielburg & Pitt, Inc.**

(b) Address **Washington, Mo.**

19. (a) **2-14-45** (b) **Blanch C. Pletcher**
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

600

1117

RECEIVED
District Health Officer No. 9,
District File Number _____
Date Filed 3-14-45

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, _____
_____, Registered Apprentice No. _____
working under my personal supervision.

Signed

Lester H. Witt

Licensed Embalmer No. 3254

P. O. Address Washington, 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.