

FILED MAR 16 1945

Registration District No. 191

Primary Registration District No. 4304

Registrar's No. 2

1. PLACE OF DEATH:

(a) County Livingston
(b) City or town Ludlow
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 8yrs
In this community 8yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston
(c) City or town Ludlow
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? no
If yes, name country.

3. (a) PRINT FULL NAME Charles Breckenridge Skinner

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife Flora Skinner 6. (c) Age of husband or wife if alive -- years
7. Birth date of deceased May 25, 1958
(Month) (Day) (Year)

8. AGE: Years 86 Months 7 Days 18 If less than one day
hr. min.

9. Birthplace Mooresville Mo (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER

12. Name James Skinner

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

14. Maiden name Sarah Hawk (City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs R.N. Skinner

(b) Address Ludlow, Mo

17. (a) Burial (b) Date thereof 1-15-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Monroe Center

18. (a) Signature of funeral director Dorman J. Mead

(b) Address Braymer, Mo

19. (a) 1-30-45 (b) Hannah Coffle
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 13
year 1945 hour 9 minute 15p M.

21. I hereby certify that I attended the deceased from July 1, 1944
Jan 1, 1945 to Jan 13, 1945
that I last saw him alive on Jan 13, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death: Myocardial Infarction
Benignity
Due to
Due to

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

Major findings: Of operations: A 30

Of autopsy: 1

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: Dorman J. Mead (M. D. or other) _____
Address: Ludlow, Mo _____ Date signed: 1/19/45

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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 *Bernard F. Mad*.....
Licensed Embalmer No. 2801.....
P. O. Address. Braymer, 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.