V. S. No. 2
00M—5-43
Rev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 9 1945

Registration District No. 366

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6241

State File No. 10893

Registrar's No. 7

1. PLACE OF DEATH:

(a) County Washington

(b) City or town Rural Bretonley
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1 Near Potosi Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Washington

(c) City or town Rural 110
(If outside city or town limits, write "RURAL")

(d) Street No. Near Potosi Mo. 0
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Dennis W Skiles

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

4. Sex M 0 | 5. Color or race W | 6. (a) Single, widowed, married, divorced Baby 0

6. (b) Name of husband or wife ..... 6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased Jan. (Month) 8 (Day) 1945 (Year)

8. AGE: Years | Months 1 | Days 8 | If less than one day ..... hr. ..... min.

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

10. Usual occupation .....

11. Industry or business .....

FATHER
12. Name Howard T. Skiles
13. Birthplace Mineral Point (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Bulah Vance
15. Birthplace Washington Co. (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Howard Skiles
(b) Address Potosi Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-17-45 (Month) (Day) (Year)
(c) Place: burial or cremation Potosi Mo.

18. (a) Signature of funeral director C. L. Sparks
(b) Address Potosi Mo.

19. (a) 2-17-45 (Date received local registrar) (b) Jos. L. Thurman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 16
year 1945 hour 7 minute 30 A.M.

21. I hereby certify that I attended the deceased from Feb 14, 1945 to Feb 14, 1945
that I last saw him alive on Feb 15, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia

Due to following

Due to Influenza

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

Major findings:
Of operations .....
Of autopsy 33 b

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? .....
(Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature E. F. Cresswell (M. D. or other)
Address Potosi Mo. Date signed 2/17-45

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 4
445-439
4-7-45

Not Embalmed

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.....

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.