

FILED AUG 2 1945

Registration District No. _____

Primary Registration District No. 4024

Registrar's No. 36

1. PLACE OF DEATH:

(a) County Barry
(b) City or town Cassville "Flat Creek" Twn
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Barry Co. Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution three months
life (Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Barry 5
(c) City or town Cassville, "Rural" 0
(If outside city or town limits, write "RURAL")
(d) Street No. Flat Creek Twn. 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Anna C. Skelton

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

4. Sex F / 5. Color or race W 6. (a) Single, widowed, married, divorced M /

6. (b) Name of husband or wife Joe Skelton 6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased Dec. 25, 1898
(Month) (Day) (Year)

8. AGE: Years 46 Months 5 Days 13 If less than one day
hr. _____ min. _____

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

10. Usual occupation housewife

11. Industry or business _____

12. Name J. A. Cooper
13. Birthplace Carthage Mo. 0
(City, town, or county) (State or foreign country)
14. Maiden name Ida Etheridge
15. Birthplace Barry Co. Mo. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Joe Skelton
(b) Address Cassville Mo.

17. (a) burial (b) Date thereof 6/11/45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mineral Spgs.

18. (a) Signature of funeral director W. Wilson
(b) Address Cassville, Mo.

19. (a) June 15 - 1945 (b) Grace Williams
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8
year 1945 hour 1:40 minute P. M.

21. I hereby certify that I attended the deceased from October
1944 to June 1945
that I last saw her alive on June 8 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Metastatic Carcinoma 3 mons.

Due to Carcinoma of breast 2 yrs.

Due to _____

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

Major findings: Of operations 50
Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury 0

23. Signature Grace Williams (M. D. or D. O.)
Address Cassville, Mo. Date signed 6-9-45

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

MOTHER, FATHER

RECEIVED

District Health Officer No. 6

District File Number 745-837

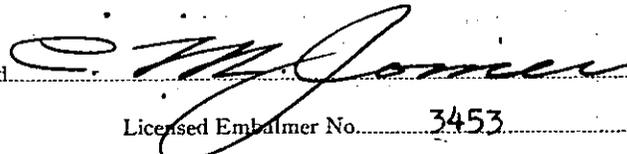
Date Filed JUL 31 1945

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. 3453

P. O. Address Cassville, Missouri.

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.