V. S. No. 2
DM—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28662

FILED AUG 24 1945

Registration District No. 333 — Primary Registration District No. 307 — Registrar's No.

1. PLACE OF DEATH:

(a) County: Scott

(b) City or town: Sikeston, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(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 ____ (Specify whether years, months or days)
In this community: 1 Day

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: New Madrid

(c) City or town: Portageville
(If outside city or town limits, write "RURAL")

(d) Street No. ____
(If rural, give location)

(e) Citizen of foreign country? — (Yes or No) /
If yes, name country: —

3. (a) PRINT FULL NAME: Jerry Lee Skelton

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: — 0

6. (b) Name of husband or wife: —

6. (c) Age of husband or wife if alive: — years

7. Birth date of deceased: Nov (Month) 8 (Day) 1944 (Year)

8. AGE: Years ____ Months 6 Days 24 If less than one day ____ hr. ____ min.

9. Birthplace: Portageville (City, town, or county) Mo (State or foreign country) 0

10. Usual occupation: —

11. Industry or business: —

MOTHER FATHER

12. Name: Manford Skelton

13. Birthplace: Middle (City, town, or county) Tenn (State or foreign country) /

14. Maiden name: Bertha Anderson

15. Birthplace: Portageville (City, town, or county) Mo. (State or foreign country) /

16. (a) Informant: Elbert Mathis

(b) Address: Matthews, Mo. Rfd. # 3

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6/3/45 (Month) (Day) (Year)

(c) Place: burial or cremation: Portageville Mo.

18. (a) Signature of funeral director: John Albritton

(b) Address: Sikeston Mo.

19. (a) 8/27/45 (Date received local registrar) (b) Laurie Lasgent (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 2 year 1945 hour 3 minute p.m.

21. I hereby certify that I attended the deceased from 6-2-45, 19..., to 6-2, 19 45 that I last saw him alive on (Dead on sight), 19...; and that death occurred on the date and hour stated above.

Immediate cause of death ____ Duration

Due to: ?

Due to: Dead on arrival
History of gastroenteritis

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

Major findings:
Of operations: N/A
Of autopsy: N/A

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. D. Urban (M. D. or other) M.D.

Address: Sikeston, Mo. Date signed 6-4-45

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 845-2940
Date Filed 8-20-45

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, or by Not Embalmed, Registered Apprentice No. ....., working under my personal supervision.

Signed John Allerton

Licensed Embalmer No. 2941

P. O. Address Selfertown 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.