

STANDARD CERTIFICATE OF DEATH

State File No. 28775

Registration District No. 360

Primary Registration District No. 3076

Registrar's No. 106

1. PLACE OF DEATH:

(a) County Vermont
(b) City or town Nevada
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 14 yrs. 11 mos. - 7 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Massachusetts (b) County Vermont
(c) City or town Nevada
(d) Street No. 314 E. Maple Street
(e) Citizen of foreign country? No
If yes, name country ✓

3. (a) PRINT FULL NAME Robert Carl Skumate

(b) If veteran, name war ✓
(c) Social Security No. None

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

(b) Name of husband or wife
(c) Age of husband or wife if alive 10 years

7. Birth date of deceased Sept. 10 1930
(Month) (Day) (Year)

8. AGE: Years 14 Months 11 Days 8
If less than one day: hr. min.

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

10. Usual occupation ✓

11. Industry or business ✓

12. Name James Dale Skumate

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

14. Maiden name E. Ruth Artelia Garrett

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

16. (a) Informant Mrs. L. W. Johnson (mother)

(b) Address Modesto California

17. (a) Burial (b) Date thereof Aug - 20 - 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cliffs Branch Cemetery

18. (a) Signature of funeral director Ray Funeral Service

(b) Address Nevada Mo.

19. (a) 8-28-45 (b) Royal B. Bevier
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 16
year 1945 hour 12 minute 30 A.M.

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

Immediate cause of death General carcinoma
Due to Osteogenic carcinoma

Due to
Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy 55%

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

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

23. Signature F. L. Martin (M. D. or other) MD
Address Nevada Mo. Date signed 8-28-45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

08
1
2

RECEIVED

District Health Officer No. 71

Dist. Health Officer No. 71

Date filed

8-45-828

9-5-45

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.....

....., Registered Apprentice No.

working under my personal supervision.

Signed W. H. Marmaduke

Licensed Embalmer No. 2070

P. O. Address Irwada, 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.