

FILED NOV 8 1945 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 282

Primary Registration District No. 305-5

Registrar's No. 36

1. PLACE OF DEATH:

(a) County Polk
(b) City or town Balwan
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution East Broadway
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 60 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Polk
(c) City or town Balwan
(If outside city or town limits, write "RURAL")
(d) Street No. East Broadway
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Cornelius W. Skinner

3. (b) If veteran, name war None 3. (c) Social Security No. none

4. Sex Male 5. Color or race Wh
6. (b) Name of husband or wife Minnie S. Skinker
7. Birth date of deceased Sept 20 1863
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 22
year 1945 hour unknown minute _____ M.
21. I hereby certify that I attended the deceased from _____
_____ 19____ to _____ 19____

that I last saw him _____ alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Heart Failure Duration _____

Due to Chronic Myocarditis
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

8. AGE: Years 82 Months 1 Days 2 If less than one day _____ hr. _____ min.

9. Birthplace Stafford Co Virginia
(City, town, or county) (State or foreign country)

10. Usual occupation Lawyer

11. Industry or business Lawyer (practice)

12. Name Thomas J. Skinner

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

14. Maiden name Anna White

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

16. (a) Informant C. H. Skinner, Jr.

(b) Address 7126 Pershing St. St. Louis Mo

17. (a) Burial (b) Date thereof Oct 25 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Cornelius B. Blue

(b) Address Balwan Mo

19. (a) Oct. 29 - 45 (b) Ralph E. Eder
(Date received local registrar) (Registrar's signature)

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 Blower

23. Signature William B. Eder (Name or other)
Address Balwan, Mo Date signed 10/23/45

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

1946 NOV 8

RECEIVED
District Health Officer No. 7,
District File Number 10-45-1092
Date Filed 11-8-45

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

Edward B. Erwin

Licensed Embalmer No. 3092

P. O. Address Palmar, 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.