

S. No. 2  
M-8-43  
7-5-17-39  
X37823

DEPARTMENT OF COMMERCE  
BUREAU OF VITAL STATISTICS  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37089

State File No. \_\_\_\_\_

Registration District No. 108

Primary Registration District No. 5423

Registrar's No. 109

1. PLACE OF DEATH:

(a) County Dunklin  
(b) City or town Senath (Rural) Salem  
(c) Name of hospital or institution: none  
(If not in hospital or institution, write street number or location) 7th  
(d) Length of stay: In hospital or institution none  
In this community Life time  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin 35  
(c) City or town Senath - (Rural)  
(If outside city or town limits, write "RURAL") 0  
(d) Street No. \_\_\_\_\_ (If rural, give location) 0  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME ANNIE TENROTH SKELTON

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 70.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife O.H. SKELTON - 6. (c) Age of husband or wife if alive 56 years  
7. Birth date of deceased Nov-8-1891  
(Month) (Day) (Year)

8. AGE: Years 54 Months \_\_\_\_\_ Days 25 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Campbell MO  
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business home

MOTHER FATHER  
12. Name Hugh Beurod  
13. Birthplace Illinois  
(City, town, or county) (State or foreign country)  
14. Maiden name Anna Holt  
15. Birthplace Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant Dr. Skelton  
(b) Address Senath, Mo.

17. (a) Burial (b) Date thereof 12-5-1945  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Oak Ridge -

18. (a) Signature of funeral director Paul Salmons  
(b) Address Senath, Mo.

19. (a) 12-9-45 (b) Mrs. J. H. Daniels  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 3rd, 1945  
year 6 hour 50 minute a. M.

21. I hereby certify that I attended the deceased from Nov-24, 1945, to Dec-3, 1945, that I last saw her alive on Nov-29, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Dist. Ren  
Due to Chronic Nephritis Dist. Ren  
Hypertension Kerr  
Due to Grav. symptoms last December  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_  
Of autopsy 13/15  
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) (c) Means of injury 0  
23. Signature Ray E. Special (M. D. or other) MD  
Address Senath, Mo. Date signed 12-3-45

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

55

1444

(Licensed Embalmer's Statement on Reverse Side)

DEC 19 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 *J. Palmer*.....

Licensed Embalmer No. *2556*.....

P.O. Address *Seneca, 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.