

No. 2
4-13-40
-17-39
I X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

FILED FEB 13 1946 STANDARD CERTIFICATE OF DEATH

2378

State File No. _____

Registrar's No. 13

Registration District No. 52

Primary Registration District No. 5183

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

1. PLACE OF DEATH:

(a) County Cape Girardeau

(b) City or town Rural (Byrd Twp)

(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 _____)

In this community Life years, months or days

3. (a) PRINT FULL NAME Reuben Arbury Skinner

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife Addie Eliza Skinner

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

7. Birth date of deceased May 12 1858
(Month) (Day) (Year)

8. AGE: Years 87 Months 8 Days 16 If less than one day _____ hr _____ min

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

10. Usual occupation Retired

11. Industry or business _____

12. Name Geo Skinner

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

14. Maiden name Dora Ruse

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

16. (a) Informant Nancy Skinner

(b) Address Oak Ridge Mo RR 2

17. (a) burial (b) Date thereof Jan 30 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oran Mo

18. (a) Signature of funeral director Wesley F. Thom

(b) Address Oran Mo

19. (a) 1-29-46 (b) D. G. Seebur
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cape Gir

(c) City or town Rural (Byrd Twp)
(If outside city or town limits, write "RURAL")

(d) Street No. RR No 2 Oakridge
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 28 day Jan
year 1946 hour 7 minute 30 P M.

21. I hereby certify that I attended the deceased from Jan 22, 1946 to Jan 28, 1946
that I last saw him alive on Jan 22, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Senility

Due to arterio-sclerosis

Due to _____

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

Major findings: Of operations (A)

Of autopsy _____

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)

Means of injury _____

23. Signature D. G. Seebur (M. D. or other) MD
Address Jackson Mo Date signed 1-29-46

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

EMBED

Public Health Officer No. 4
District File Number 246-1749
Date Filed 2-11-46

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.....

P. O. Address.....

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.