No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 8 1946

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5146

Registration District No. 107 Primary Registration District No. 30195422 Registrar's No. 76

5
0
0

4145

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

1. PLACE OF DEATH:

(a) County Dunklin

(b) City or town Kennett Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1 Independent

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community years, months or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Dunklin 35

(c) City or town Kennett Mo 0
(If outside city or town limits, write "RURAL")

(d) Street No. Rural #1 0
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME William Elmer Skelton

3. (b) If veteran, name war

3. (c) Social Security No. —

4. Sex Male

5. Color or race W

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Jannie Skelton

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased Jan (Month) 12 (Day) 1880 (Year)

8. AGE: Years 66 Months — Days 25 If less than one day hr. min.

9. Birthplace Watterwaley (City, town, or county) Miss (State or foreign country)

10. Usual occupation

11. Industry or business Farmer

FATHER
12. Name W. E. Skelton
13. Birthplace Watterwaley (City, town, or county) Miss (State or foreign country)

MOTHER
14. Maiden name Unknown —
15. Birthplace Unknown (City, town, or county) — 9 (State or foreign country)

16. (a) Informant Clint Brooks

(b) Address Hornersville Rhrl Box 13

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-7-46 (Month) (Day) (Year)

(c) Place: burial or cremation Leslie Cem

18. (a) Signature of funeral director Lutz Und Co

(b) Address Kennett Mo

19. (a) 2-5-1946 (Date received local registrar) (b) Carl Husband (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 5 year 1946 hour 10 minute 15 P M.

21. I hereby certify that I attended the deceased from Oct. 8, 1945 to Feb 5, 1946 that I last saw him alive on Feb. 3, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis — Duration Dent Rurs

Due to Chronic Nephritis — Portal obstruction

Due to

Other conditions anarscia — atm NS Mo.
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy 131 K

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 0

23. Signature Roy E. Speidel (M. D. or other) MD

Address Senath Mo. Date signed 2-5-46

90

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 346-31
Date Filed 3/6/46

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 wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.