

FILED MAR 12 1946
Registration District No. 268

Primary Registration District No. 4396

Registrar's No. 7

1. PLACE OF DEATH:

(a) County Pemiscot

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

(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 Yes (Specify whether years, months or days)

In this community Yes (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Arkansas (b) County Miss. 1831a 799

(c) City or town Blytheville Ark 3
(If outside city or town limits, write "RURAL")

(d) Street No. 20 (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country: _____

3. (a) PRINT FULL NAME Mrs Annis Wicker Skelton

3. (b) If veteran, name war: _____ 3. (c) Social Security No. _____

4. Sex F / 5. Color or race white 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife M.R. Skelton 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased Aug I 1863
(Month) (Day) (Year)

8. AGE: 77 Years 5 Months 27 Days 37 If less than one day hr. min.

9. Birthplace Murfis Bourgh, Ill 1
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business Dont Know

MOTHER FATHER { 12. Name Dont Know 9

13. Birthplace Dont Know 9
(City, town, or county) (State or foreign country)

14. Maiden name Dont Know 9

15. Birthplace Skelton 9
(City, town, or county) (State or foreign country)

16. (a) Informant M. H. Skelton

(b) Address Blytheville Ark 28 1946

17. (a) P (b) Date thereof 28 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Blytheville Ark

18. (a) Signature of funeral director Cobb Funeral Home

(b) Address Blytheville Ark

19. (a) 1-27-46 (b) Mrs. H. A. Thomas
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 27-46
year hour 5 minute 4 M.

21. I hereby certify that I attended the deceased from I - 16
I - 27, 19 46.

that I last saw her alive on I - 21 46
and that death occurred on the date and hour stated above.

Immediate cause of death T. B. Lungs 2 yr
Duration

Due to _____

Due to _____

Other conditions 13K
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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? 1

While at work? 2 (Specify type of place)
Means of injury 2

23. Signature H. Gullett (M. D. or other) _____
Address Wardell Date signed 1-27-46

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

5604

2-4-6-52

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 Joe R. Stall
Licensed Embalmer No. 3100
P. O. Address Blytheville

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.