

FILED MAR 29 1946

Registration District No. _____ Primary Registration District No. 5041

1. PLACE OF DEATH:

(a) County Barry

(b) City or town Rural Flat Creek
(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 _____ (Specify whether _____)

In this community _____
years, months or days)

3. (a) PRINT FULL NAME James Monroe Skelton

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

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

6. (b) Name of husband or wife Emily Skelton 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct. 5, 1877
(Month) (Day) (Year)

8. AGE: Years 68 Months 4 Days 1 If less than one day _____ hr. _____ min.

9. Birthplace Eagle Rock Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Jasper Newton Skelton

13. Birthplace Tenn. 1
(City, town, or county) (State or foreign country)

14. Maiden name Julia Ann Russell

15. Birthplace Missouri 1
(City, town, or county) (State or foreign country)

16. (a) Informant Harold Skelton

(b) Address Springfield, Missouri

17. (a) Burial (b) Date thereof 2-8-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Corinth Cemetery

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

(b) Address Cassville, Mo.

19. (a) Feb 25-46 (b) Grace Williams
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry 5

(c) City or town Rural 1
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) 0

(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 6th
year 1946 hour 10 minute A. M.

21. I hereby certify that I attended the deceased ~~on~~ saw on Feb. 6, 1946, 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: Apparently a Heart Attack Duration _____

Due to _____

Due to _____

Other conditions: _____

(Include pregnancy within 3 months of death)

Major findings: 950 4

Of operations _____

Of autopsy _____

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? On Farm

(Specify type of place) While at work? High (e) Means of injury Chronic

23. Signature J. P. Buchanan (U. D. or other) _____

Address Monett, Mo. Date signed 2-6-46

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

500

RECEIVED

District Health Officer No. 6

District File Number 346-392

Date Filed MAR 25 1946

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 Margaret Culver
Licensed Embalmer No. 4389
P. O. Address Cassville

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.