

**FILED DEC 2 1946**

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 13085

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

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Sisters Hospital.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 weeks.  
(Specify whether years, months or days)

In this community 4 weeks

3. (a) PRINT FULL NAME Charlie Gillis Skeels.

3. (b) If veteran, name war --

3. (c) Social Security No. --

4. Sex Female / 5. Color or race White

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

6. (b) Name of husband or wife Geo. P. Skeels.

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

7. Birth date of deceased March 14th 1878  
(Month) (Day) (Year)

8. AGE:

Years <u>68</u>	Months <u>8</u>	Days <u>7</u>	If less than one day hr. <u>---</u> min. <u>---</u>
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9. Birthplace Mound City, Holt Co. Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife.

11. Industry or business ---

MOTHER FATHER

12. Name Edward Gillis. ?

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

14. Maiden name Unknown ?

15. Birthplace Unknown ?  
(City, town, or county) (State or foreign country)

16. (a) Informant Cathren Skeels

(b) Address St. Joseph, Missouri.

17. (a) Burial (b) Date thereof 11/22.46.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mound City, Mo.

18. (a) Signature of funeral director W. C. Gauraud

(b) Address Mound City, Missouri.

19. (a) Nov. 26, 1946 (b) E. L. Jenkins, Jr., M.D., Registrar  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Holt 44

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

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

(e) Citizen of foreign country? No. (Yes or No) 1

If yes, name country ---

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 21st

year 1946. hour 7 minute 30 AM/PM AM

21. I hereby certify that I attended the deceased from 10-1, 1946, to 11-21, 1946

that I last saw her alive on 11-20, 1946

and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of the pancreas

Duration Unknown

Due to ---

Due to ---

Other conditions Subsided Tumor of uterus Unknown  
(Include pregnancy within 3 months of death)

Major findings: H&G

Of operations ✓

Of autopsy Same as above

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) (e) Manner of injury ---

23. Signature John D. [Signature] (M.D. or dentist)

Address 414 Corby Bldg. Date signed 11-23-46

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St. Joseph, Mo

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**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 W.H. Crawford  
Licensed Embalmer No. 1824  
P. O. Address Mound City, 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.**