S. No. 2
M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 26 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23938

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 625

39
2
6

1. PLACE OF DEATH:

(a) County GREENE

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

(c) Name of hospital or institution:
1925 N. National
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39

(c) City or town Springfield 2
(If outside city or town limits, write "RURAL")

(d) Street No. 1925 N. National 6
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME MALINDIA MAY SKIDMORE

3. (b) If veteran, name war No.

3. (c) Social Security No. No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Jackson Skidmore

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

7. Birth date of deceased February 25 ~~1889~~ 1879
(Month) (Day) (Year)

8. AGE: Years 68 Months 4 Days 27 If less than one day ..... hr. ..... min.

9. Birthplace Calhoun Co. Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business In Home

FATHER
12. Name Francis Alexander
13. Birthplace Ind.
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Susan Mikerin
15. Birthplace Wis.
(City, town, or county) (State or foreign country)

16. (a) Informant Paul Skidmore
(b) Address 1925 N. National

17. (a) Burial (b) Date thereof 7-15-1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Greenlawn

18. (a) Signature of funeral director J. W. Klingner & Co.
(b) Address Springfield, Mo.

19. (a) 7-16-47 (b) W E Handley MD
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12
year 1947n hour ..... minute 5;30p M.

21. I hereby certify that I attended the deceased from Feb 1946 to July 12 1947
that I last saw her alive on July 11 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death Malignant Melanoma with generalized metastases — Duration 2 yrs

Due to .....

Due to .....

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

Major findings: Of operations Malignant Melanoma Removed from Rt. Foot 18 mos ago

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? 0
(Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature C. S. Epps (M. D. or other) M.D.

Address Springfield, Mo. Date signed 7-14-47

(Licensed Embalmer's Statement on Reverse Side)

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 Max Rhodes

Licensed Embalmer No. 407

P. O. Address Springfield

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.