

S. No. 300
DM-10-47
Rev. 5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 12887
1590
Registrar's No. _____

FILED APR 24 1948/49
Registration District No. _____

Primary Registration District No. 1002

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

1. PLACE OF DEATH:
(a) County JACKSON
(b) City or town KANSAS CITY
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ST. MARY'S HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 DAY (Specify whether
In this community 6 YEARS (Specify whether
years, months or days)

3. (a) PRINT FULL NAME MR. JOHN WILLIAM SKINNER
3. (b) If veteran, No name war
3. (c) Social Security No. 499-03-1738

4. Sex MALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MRS. 6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased AUGUST-7-1893
(Month) (Day) (Year)

8. AGE: Years 64 Months 8 Days 4
If less than one day hr. _____ min. _____

9. Birthplace URBANA MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation CUSTODIAN

11. Industry or business MANUAL HIGH SCHOOL

12. Name TOM SKINNER

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

14. Maiden name VIRGINIA CAMPBELL

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

16. (a) Informant MRS. MYRTLE IRENE SKINNER

(b) Address 3324 EAST-10TH STREET

17. (a) BURIAL (b) Date thereof 4-11-48
(Burial, cremation, or removal) MAON'S CREEK BAPTIST CHURCH

(c) Place: burial or cremation MAON'S CREEK, MISSOURI

18. (a) Signature of funeral director W. H. Newsome

(b) Address 1401-BRUSH, CREEK BLVD

19. (a) 4-11-48 (b) A. Hershel Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON
(c) City or town KANSAS CITY
(If outside city or town limits, write "RURAL")
(d) Street No. 3324 EAST-10TH STREET
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month APRIL day 11TH
year 1948 hour 11 minute 35 A. M.

21. I hereby certify that I attended the deceased from
April 11, 1948, to April 11, 1948;
that I last saw him alive on April 11, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia
Duration _____

Due to Chronic Nephritis

Due to Arteriosclerosis

Other conditions Hypertension
(Include pregnancy within 5 months of death)

Major findings:
Of operations 1310
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? _____

While at work? _____ (Specify type of place) (e) Means of injury 0

23. Signature M. F. Peill M.D. (M. D. or other)

Address 327 Anglin Bldg Date signed April 11, 1948

1249 West Gregory Blvd.

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..... *Edward M. Storey*

Licensed Embalmer No. *4452*

P. O. Address..... *K.C. 14 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.