

No. 300
10-47
5-17-39
PI 3906

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED SEP 7 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **25863**

Registration District No. **78**

Primary Registration District No. **5370 5371**

Registrar's No. **71**

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

1. PLACE OF DEATH:
 (a) County **Daviess**
 (b) City or town **"Rural" Washington Township**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **/**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community **Most of Life** years, months or days)

3: (a) PRINT FULL NAME **Marion Perry Skinner**
 3. (b) If veteran, name war **None** | 3. (c) Social Security No. **None**

4. Sex **Male** | 5. Color or race **White** | 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife **Nancy Isabelle Skinner** | 6. (c) Age of husband or wife if alive **78** years
 7. Birth date of deceased **May 13 1861**
(Month) (Day) (Year)

8. AGE: Years **87** | Months **2** | Days **29** | If less than one day **hr. min.**

9. Birthplace **Page County Iowa**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business **General Farming**

12. Name **Joshua Skinner**

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

14. Maiden name **Isabelle Walkup**

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

16. (a) Informant **Irven Skinner**
 (b) Address **Jameson, Missouri**

17. (a) Burial (b) Date thereof **8-14-1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Scotland Cemetery**

18. (a) Signature of funeral director **Hope Funeral Home**
 (b) Address **Gallatin, Mo.**

19. (a) 31 Aug 1948 (b) *Virginia M. Englebert*
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Daviess**
 (c) City or town **"Rural" Washington Twp.**
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **12**
 year **1948** hour _____ minute **6** **A. M.**

21. I hereby certify that I attended the deceased from **August 19**
 19.47 to **August 12**, 19.48
 that I last saw h. **im** alive on **August 6**, 19.48
 and that death occurred on the date and hour stated above.

Immediate cause of death **CANCER ZIGMOID RECTUM** **12MONS.**

Due to _____
 Due to _____

Other conditions **4/6**
(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?

Where at work? _____ (Specify type of place)
 (c) Means of injury _____
23. Signature *Jameson* (M. D. or other)
 Address **Jameson, Mo.** Date signed **Aug 27 48**

JAN 17 1951

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 *L. O. Johnson*
..... Licensed Embalmer No. *23307*
P. O. Address *Gallatin, 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.