

S. No. 300
M-10-47
v. 5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **29967**
Registrar's No. **3862**

FREDOCT 1 1948/49
Registration District No. **1002**

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:
1528 Wabash
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **4 yrs.** years, months or days

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. **1528 Wabash**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Mattie Ellen Skiles**
3. (b) If veteran, name war **None**
3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Roy Skiles**
6. (c) Age of husband or wife if alive **56** years

7. Birth date of deceased **April 21 1895**
(Month) (Day) (Year)

8. AGE: Years **53** Months **4** Days **21**
If less than one day _____ hr. _____ min.

9. Birthplace **St Joseph Mo.** **Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

MOTHER, FATHER { 12. Name **Floyd Dinwiddie**
13. Birthplace **Missouri**
(City, town, or county) (State or foreign country)
14. Maiden name **Jane Bowles**
15. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Roy Skiles**
(b) Address **1528 Wabash**

17. (a) **Removal** (b) Date thereof **Sept-21-48**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Lebanon Mo**

18. (a) Signature of funeral director **Mrs. G. Forster**
(b) Address **918 Broadway**

19. (a) **9-21-48** (b) **Steldine Holmes**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **19**
year **1948** hour **1** minute **45 P.M.**

21. I hereby certify that I attended the deceased from **Lebanon**, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____
Coronary sclerosis
Due to **arteriosclerosis**

Due to _____
Other conditions _____ (Include pregnancy within 3 months of death) **9-5-48**

Major findings: _____
Of operations _____
Of autopsy **no**
History of Impaction

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 **3**

23. Signature **Jamie Walker** (M. D. or other) _____
Address **144 W. 11th** Date signed **9-20-48**

JUL 6 1981

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 Robert A. Herrmann

Licensed Embalmer No. 3700

P. O. Address K.C., 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.