S. No. 300
M—10-47
5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 29 1948

Registration District No. 1

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 39631

Primary Registration District No. 3012

Registrar's No. 167

1. PLACE OF DEATH:

(a) County: Clay

(b) City or town: Excelsior Springs, Missouri
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution 2 mos. 3 days (Specify whether years, months or days)

In this community 2 mos. 3 days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Kansas (b) County: Wyandotte

(c) City or town: Kansas City,
(If outside city or town limits, write "RURAL")

(d) Street No.: 352 N. 10th
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME: Mike J. Skirvin

3. (b) If veteran, name war: World War I

3. (c) Social Security No.: 513704413

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Jeannette Skirvin

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

7. Birth date of deceased: December (Month) 18 (Day) 1888 (Year)

8. AGE: Years 59 Months 11 Days 10 If less than one day hr. min.

9. Birthplace: Higbee (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Cook

11. Industry or business: --

MOTHER FATHER

12. Name: John W. Skirvin

13. Birthplace: -- (City, town, or county) Kentucky (State or foreign country)

14. Maiden name: Ada Newton

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

16. (a) Informant: Hospital Records, Veterans Administration Hospital

(b) Address: Excelsior Springs, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 11-30-48 (Month) (Day) (Year)

(c) Place: Removal Kansas City, Kansas

18. (a) Signature of funeral director: Angie Hope

(b) Address: HOPE FUNERAL HOME Excelsior Springs, Missouri

19. (a) 11/30/48 (Date received local registrar) (b) Caroline Stutzman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 28 year 1948 hour 5:00 minute P. M.

21. I hereby certify that I attended the deceased from September 25, 1948 to November 28, 1948 that I last saw him alive on November 28, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Tuberculosis, pulmonary, reinfection type, far advanced, active	Unknown
Due to:	
Due to:	
Other conditions: -- (Include pregnancy within 3 months of death)	
Major findings: Of operations: --	
Of autopsy: T.B. of kidneys, adrenals and intestines.	

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? -- (Specify type of place)

While at work? -- (e) Means of injury: --

23. Signature: PAUL C. BRUCE, M.D. (M. D. or other)

Address: Excelsior Springs, Mo. Date signed: 11-29-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 12-27-48

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 Chas Virgil Hope

Licensed Embalmer No. 3950

P. O. Address Excelsior Springs

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.