

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

41082

Do not use this space.

1. PLACE OF DEATH

(a) County Washington Registration District No. 887
(b) Township Benton Primary Registration District No. W79
(c) City Marionville (d) Street No. _____ St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. _____ St. ☐ (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF husband

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 1 1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 10 27

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. miner
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madison Mo

FATHER 13. NAME James Skager

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas

MOTHER 15. MAIDEN NAME Ruth Ladd

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madison Mo

17. INFORMANT (ADDRESS) Delphia Jaley
Marionville

18. BURIAL, CREMATION, OR REMOVAL PLACE Potosi Mo DATE Oct 28 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Sparks
Potosi Mo

20. FILED Nov 1 1939 G.F. Greunke
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 27 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 10 1939, to Oct 27 1939.
I last saw him alive on Oct 26 1939. Death is said to have occurred on the date stated above, at 11 P. m.
The principal cause of death and related causes of importance were as follows:

apoplexy
g2w

Other contributory causes of importance:
arterio sclerosis

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____
(Signed) Joseph L. Flewman M. D.
(Address) Potosi, 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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.