

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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

31248

State File No.

FILED OCT 14 1942

Registration District No. 316

Primary Registration District No. 6075

Registrar's No. 113

1. PLACE OF DEATH:

(a) County. St. Francois  
(b) City or town. Near Farmington, rural, St. Francois  
(c) Name of hospital or institution: State Hospital No. 4  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 yr. 4 da.  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Eaph Skiles

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Emma Skiles 6. (c) Age of husband or wife if alive Unk years  
7. Birth date of deceased Nov. 11, 1866  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
75 9 29 hr. min.

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

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Hasicar Skiles  
13. Birthplace Tennessee  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Hobson  
15. Birthplace So. Carolina  
(City, town, or county) (State or foreign country)

16. (a) Informant Records of State Hosp. #4  
(b) Address Farmington, Mo.

17. (a) Burial (b) Date thereof 9-13-42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Mt. Herman

18. (a) Signature of funeral director Carl K. Spencer  
(b) Address Salem, Mo.

19. (a) 9-16-1942 (b) Byrdie Bukhmaster  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dent  
(c) City or town Salem  
(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 9 day 10  
year 1942 hour 10 minute 35 P.M.

21. I hereby certify that I attended the deceased from 9-6 to 9-10, 19 42  
that I last saw h. im alive on 9-10, 19 42  
and that death occurred on the date and hour stated above.

Immediate cause of death Generalized arteriosclerosis  
Duration 16 yrs

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions Psychosis & cerebral arteriosclerosis  
(Include pregnancy within 6 months of death)  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 \_\_\_\_\_

23. Signature Byrdie Bukhmaster (M. D. or other) no  
Address Salem, Mo. Date signed 9-14-42

RECEIVED

District Health Officer No. 4  
District File Number 1042-1227  
Date Filed 10-13-42

**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

*Carl H. Spence*

Licensed Embalmer No.

8320

P. O. Address

*Salem 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.