No. 2
2-43
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X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 21 1947

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 43616

Registration District No. 271 Primary Registration District No. 5911-4401 Registrar's No. 2

1. PLACE OF DEATH:
(a) County Pemiscot
(b) City or town Pascola
(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 40 Yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pemiscot 78
(c) City or town Pascola 0
(If outside city or town limits, write "RURAL")
(d) Street No. 3
(If rural, give location) 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Thomas E. Skaggs
3. (b) If veteran, name war no
3. (c) Social Security No.
4. Sex male 0
5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June (Month) 4, (Day) 1881 (Year)

8. AGE: Years 65 | Months 6 | Days 6 | If less than one day hr. min.

9. Birthplace Fredrick Town (City, town, or county) Mo. (State or foreign country)
10. Usual occupation retired
11. Industry or business
FATHER
12. Name unknown
13. Birthplace " " (City, town, or county) (State or foreign country) 9
MOTHER
14. Maiden name Martha Rhodes
15. Birthplace Madison County (City, town, or county) Mo. 0 (State or foreign country)
16. (a) Informant William Skaggs
(b) Address Pascola Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 12/29/46 (Month) (Day) (Year)
(c) Place: burial or cremation Pascola Mo.
18. (a) Signature of funeral director German Und. Co.
(b) Address Steele Mo.
19. (a) 1-7-46 (Date received local registrar) (b) Mrs. Jessie Sturnage (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 26, year 1946 hour 10 minute P. M.
21. I hereby certify that I attended the deceased from April 8, 1946 to Nov. 15, 1946 that I last saw him alive on Nov. 15, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral apoplexy (multiple)	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 0
Of autopsy 0

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 0
23. Signature (M. D. or other)
Address Hayti Mo. Date signed 1-2-47

24 a (Licensed Embalmer's Statement on Reverse Side)

1-47-30

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 Jas. T. Kelley

Licensed Embalmer No. 3788

P. O. Address Hayt. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.