

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 26 1947
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 19

Registration District No. 233
Primary Registration District No. 5813

1. PLACE OF DEATH:
(a) County Montgomery
(b) City or town Rural - Upper Louisa
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
none
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community three days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis
(c) City or town 1567 Valle Wellston
(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 _____

3. (a) PRINT FULL NAME Oliver E. (Orval) Skaggs
(b) If veteran, name war no
(c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month JUNE day 16th
year 1947 hour 4 minute A M.
21. I hereby certify that I viewed the deceased from 9:30 AM
16 June, 1947, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Hattie Skaggs
6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased Aug. 31 1893
(Month) (Day) (Year)

Immediate cause of death Coronary Thromboses
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) None
Major findings: Of operations None
Of autopsy None

8. AGE: Years Months Days If less than one day
53 9 17 _____ hr. _____ min.

PHYSICIAN
Underline the cause to which death should be charged statistically.

9. Birthplace Davisville (City, town, or county) No. 0 (State or foreign country)
10. Usual occupation common labor

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(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? _____

MOTHER FATHER
11. Industry or business _____
12. Name James G. Skaggs
13. Birthplace Davisville (City, town, or county) No. 0 (State or foreign country)
14. Maiden name Alice Whitaker
15. Birthplace Davisville (City, town, or county) No. 0 (State or foreign country)

16. (a) Informant Bland C. Skaggs
(b) Address 1567 Valle Wellston
17. (a) Burial (b) Date thereof June 18, 1947
(Method, disposition, or removal) St. Matthews Cemetery
(c) Place: burial or cremation St. Louis, Mo.

23. Signature Clement M. Linnert (M. D. or other) Grone
Address Montgomery City, Mo. Date signed 16 June 47
While at work? no (Specify type of place) (e) Means of injury work

18. (a) Signature of funeral director O. P. Rich
(b) Address Wellsville, Mo.
19. (a) 6-17-47 (b) Thos. Meritt
(Date received local registrar) (Registrar's signature)

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

Date Filed 6-25-47
District File Number
District Health Officer No. 9,

RECEIVED

1947

JUL 1 1947

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 W.C. Kuhn

Licensed Embalmer No. 3059

P. O. Address Wellsville 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.