

FILED FEB 25 1947

State File No. _____

Registration District No. 277

Primary Registration District No. 5911

Registrar's No. 7

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

1. PLACE OF DEATH:

(a) County Pemiscot

(b) City or town Rural Pascola
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Home Rural Route 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether

In this community Life-time
years, months or days)

3. (a) PRINT FULL NAME Doyle Odell Skaggs

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 Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive X years

7. Birth date of deceased April 11, 1933
(Month) (Day) (Year)

8. AGE: Years 13 Months 10 Days 3 If less than one day _____ hr. _____ min.

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

10. Usual occupation X

11. Industry or business X

12. Name William H. Skaggs

13. Birthplace Pascola, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Ida Duckworth

15. Birthplace Unknown Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant William H. Skaggs

(b) Address Pascola, Mo. Box 98

17. (a) Burial (b) Date thereof 2/16/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ingram Ridge Cem.

18. (a) Signature of funeral director H. S. Smith Funeral Home

(b) Address Caruthersville, Mo.

19. (a) 2-23-47 (b) Mrs. Jessie Surnage
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot

(c) City or town Pascola Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Rural Route 1
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 14
year 1947 hour 10 minute 11 A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Run Over By a Car Sustaining a Broken Neck and Other Body Injuries

Due to _____

Due to _____

Other conditions none
(Include pregnancy within 3 months of death)

Major findings: none

Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence 2-14-47

(c) Where did injury occur? Pascola Rural Pemiscot Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Highway

While at work? no (Specify type of place) (e) Means of injury _____

23. Signature Jess Kelly Corwin (M.D. or other) 3

Address Dayton Mo Date signed 2-14-47

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

2-47-61

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.....

William Denver Fike

, Registered Apprentice No. *440*

working under my personal supervision.

Signed *James A. Osburn*

Licensed Embalmer No. *4185*

P. O. Address *Caruthersville, 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.