

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

33805
Do not use this space.

1. PLACE OF DEATH

(a) County Washington 2 Registration District No. 887
 (b) Township Union 1 Primary Registration District No. W 82 Registered No. _____
 (c) City Cadet, (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

Margaret Bernice Skaggs
 (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

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-15-1939

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

22. I HEREBY CERTIFY, That I attended deceased from 10-13, 1939 to 10-15, 1939
 I last saw her alive on 10-13, 1939. Death is said to have occurred on the date stated above, at 5:41 a.m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-13-1939

The principal cause of death and related causes of importance were as follows:
pneumonia
aspiration

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
0 6 2

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. none.
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

Date of onset _____
 Other contributory causes of importance: _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) This Co.

FATHER 13. NAME Hughis E. Skaggs

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) This Co., Mo.

MOTHER 15. MAIDEN NAME Emie Jay Heidrich

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Crawford Co., Mo.

17. INFORMANT (ADDRESS) Hughis E. Skaggs, Cadet, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Macmillan, Mo. DATE 10-15-1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) J. B. Bayer & Son, Paton, Mo.

20. FILED Oct 16, 1939 q. Chesnee 8118 Local Registrar.

Name of operation none Date of _____
 What test confirmed diagnosis? chisel Was there an autopsy? yes

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. Thurman, M. D.
 (Address) Paton, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N. E.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

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 conform with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.