

Registration District No. 638

Primary Registration District No. 5724

Registrar's No. 8

1. PLACE OF DEATH:

(a) County Madison  
 (b) City or town Rural Cedar Bottom  
(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 \_\_\_\_\_  
years, months or days Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Madison  
 (c) City or town Rural Cedar Bottom  
(If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Robert Lee Skaggs 260  
 3. (b) If veteran, name war No  
 3. (c) Social Security No. No

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Jan. day 19/1940  
 year \_\_\_\_\_ hour 9 minute 30 A. M.

4. Sex Male 5. Color or race White  
 6. (a) Single, widowed, married, divorced widowed  
 6. (b) Name of husband or wife Josephine Skaggs  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased Feb. 5 1869  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from November 10, 1939 to Jan. 13, 1940  
 that I last saw him alive on Jan. 13, 1940  
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
70 11 14 hr. \_\_\_\_\_ min.

Immediate cause of death \_\_\_\_\_  
 Duration \_\_\_\_\_  
Carcinoma of Prostate Gland  
 Due to \_\_\_\_\_

9. Birthplace Madison Co. Mo.  
(City, town, or county) (State or foreign country)

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

10. Usual occupation Farmer

Major findings: None  
 Of operations \_\_\_\_\_  
 Of autopsy None  
 Underline the cause to which death should be charged statistically

11. Industry or business \_\_\_\_\_  
 MOTHER FATHER {  
 12. Name Pinckney G. Skaggs  
 13. Birthplace Madison Co. Mo.  
(City, town, or county) (State or foreign country)  
 14. Maiden name Maria Pruett  
 15. Birthplace Madison Co. Mo.  
(City, town, or county) (State or foreign country)

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? \_\_\_\_\_  
 Co. \_\_\_\_\_  
(Specify type of place)  
 While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

16. (a) Informant's own signature Mrs. Susie Pruett  
 (b) Address Fredericktown, Mo. R.F.D. # Little Vine  
 17. (a) Little Vine (b) Date thereof 1/21/40  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Little Vine Cem. Mo.  
 18. (a) Signature of funeral director Ed. J. ...  
 (b) Address Fredericktown, Mo.  
 19. (a) Jan 20 - 1940 (b) S. C. Slaughter  
(Date received local registrar) (Name of Registrar)

23. Signature Harold J. ... (M. D. \_\_\_\_\_)  
 Address 1437 Main Date signed Jan 20 1940

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

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

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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.....

*Myron A. LaPee*....., Registered Apprentice No.....  
working under my personal supervision.

Signed *Myron A. LaPee*.....  
Licensed Embalmer No. *4025*.....  
P. O. Address *Fredricktown Md*.....

**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, above space should be left blank.**