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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19284

FILED JUN 19 1887

Registration District No. 7

Primary Registration District No. 4538

Registrar's No. 25

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

1. PLACE OF DEATH:

(a) County Washington

(b) City or town Potosi Mo

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

(c) Name of hospital or institution: 0

(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Washington

(c) City or town Potosi, Mo. 110

(If outside city or town limits, write "RURAL")

(d) Street No. 0

(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Susie J Skaggs

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F 1

5. Color or race W

6. (a) Single, widowed, married, divorced 2 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) 26 (Day) 1875 (Year)

8. AGE: Years 66 Months 10 Days 4 If less than one day hr. min.

9. Birthplace Hattie (City, town, or county) Mo. 10 (State or foreign country)

10. Usual occupation none

11. Industry or business —

FATHER
12. Name James Mottery
13. Birthplace Hattie (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Mary Taylor 9
15. Birthplace Hattie (City, town, or county) (State or foreign country)

16. (a) Informant Betty Morlar

(b) Address Potosi Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 1 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Newdiggins

18. (a) Signature of funeral director Sparks

(b) Address Potosi Mo.

19. (a) 6-2-1942 (Date received local registrar) (b) Joseph L Thurman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30 year 1942 hour 3 minute 30 P.M.

21. I hereby certify that I attended the deceased from April 1 1942 to April 30 1943 that I last saw her alive on April 1 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma

Due to Rectum

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

46d

Duration

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? 0

(Specify type of place)

While at work? (e) Means of injury

23. Signature E F Cresswell (M. D. or other) 6/2/42

Address Potosi, Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Limited Health Officer No. 4
District File Number 642-811
Date Filed 6-12-72

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

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