

No. I X23159

State File No. _____

FILED JUN 26 1942

Registration District No. 126

Primary Registration District No. 5175

Registrar's No. _____

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00

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

1. PLACE OF DEATH:

(a) County Cape Girardeau

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

(c) Name of hospital or institution: X
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution X (Specify whether
In this community X years, months or days)

3. (a) PRINT FULL NAME WILLIAM HENRY SKAGGS

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex Male 5. Color or race white

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife male Harry Skaggs

6. (c) Age of husband or wife if alive 34 years

7. Birth date of deceased July 2, 1887
(Month) (Day) (Year)

8. AGE: Years 54 Months 10 Days 16 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business X

12. Name James Isaac Skaggs

13. Birthplace Madison County Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Mary E. Davis

15. Birthplace Madison County Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant J. H. Skaggs (son)

(b) Address 1310 Perilla, St. Louis, Mo.

17. (a) Burial (b) Date thereof 5-19-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fredericktown, Mo.

18. (a) Signature of funeral director Stanley H. Dixon

(b) Address Fredericktown, Mo.

19. (a) 6/22/42 (b) A. H. Harse
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Cape 16

(c) City or town Rural - Welch township
(If outside city or town limits, write "RURAL")

(d) Street No. 3 mi. West of Delta, Mo.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17th
year 1942 hour 6: minute 17 A. M.

21. I hereby certify that I attended the deceased from March 10 - 42
1942 to May 17 1942
that I last saw him alive on May 15 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Success Cancer

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Cancer

Of autopsy none

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature W. W. Dargault (M. D. or other) 0

Address Allenville Mo Date signed May 18 42

RECEIVED

District Health Officer No. 4

District File Number 6-2-82

Date Filed 6-25-4

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 Stanley A. Dixon

Licensed Embalmer No. 4193

P. O. Address Fredericktown, 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **20866**

Registration District No. **126**

Primary Registration District No. **5175**

Registrar's No.

1. PLACE OF DEATH: *Cape Girardeau*

(a) County *Cape Girardeau*

(b) City or town *Cape Girardeau*
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

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

(d) Street No. _____ (If rural, give location)

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

3. (a) PRINT FULL NAME: *William H. Skaggs*

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *May* day _____ year *1942* hour _____ minute _____ M.

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

Immediate cause of death _____

4. Sex *m* 5. Color or race *w* 6. (a) Single, widowed, married, divorced *m*

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

7. Birth date of deceased *July 2 1887*
(Month) (Day) (Year)

Duration _____

8. AGE: Years *54* Months *10* Days *10* If less than one day _____ min.

Due to *Abdominal Cancer*

Due to *He was operated at Barnes Hospital*

Other conditions _____
(Include pregnancy within 3 months of death)

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

Major findings *I don't know type of Cancer.*

Of operations _____

Of autopsy _____

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name _____

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

14. Maiden name _____

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically. *See*

16. (a) Informant _____ (b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

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? _____

18. (a) Signature of funeral director _____ (b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature *W. Davault* (M. D. or other) _____
Address *Abbeville mo* Date signed _____

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

SUPPLEMENTARY

1944
Abdominal Cancer
He was operated on
at General Hospital
at
I don't know type
of Cancer.

W. H. ...
on ...