

FILED OCT 13 1942

Registration District No. 254

Primary Registration District No. 4386

Registrar's No. ....

75  
1  
0

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

1. PLACE OF DEATH:

(a) County Oregon

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

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

(d) Length of stay: In hospital or institution 50 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Oregon

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

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

(e) Citizen of foreign country? (Yes or No) 0  
If yes, name country .....

3. (a) PRINT FULL NAME Tennessee Elizabeth Skaggs

3. (b) If veteran, name war --

3. (c) Social Security No. --

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 13 year 1942 hour 2 minute 50 A.M.

21. I hereby certify that I attended the deceased (from Aug 12 1942 to Aug 13 1942)  
that I last saw h. u alive on Aug 13 1942 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife William Butler Skaggs 6. (c) Age of husband or wife if alive 2 years 1861 (Day) (Year)

7. Birth date of deceased March 2 1861 (Month) (Day) (Year)

Immediate cause of death  
Cardiac Arrest  
Myocardium Heart Disease

Due to Senility

Due to .....

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

8. AGE:	Years	Months	Days	If less than one day
	<u>81</u>	<u>5</u>	<u>11</u>	hr. .... min.

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

10. Usual occupation Housewife

11. Industry or business .....

12. Name Barrett

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

14. Maiden name Unknown

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

16. (a) Informant S. G. Skaggs

(b) Address Thayer, Mo.

17. (a) Burial (b) Date thereof 8/15/42 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Thayer Cem

18. (a) Signature of funeral director Geo Barr

(b) Address Thayer, Mo.

19. (a) 9-10-42 (b) Sae D Williams (Data received local registrar) (Registrar's signature)

Major findings: Of operations 938

Of autopsy .....

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? .....

(Specify type of place) While at work? (e) Means of injury 938

23. Signature W Cooper (M. D. or other) M.D.  
Address Thayer Date signed 8-1-42

Duration .....

PHYSICIAN .....

Underline the cause to which death should be charged statistically.

Cooper

RECEIVED

District Health Officer No. 5,

District File Number 1042904

Date Filed 10/7/42

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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.....  
....., 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.**