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

Registration District No. 143

Primary Registration District No. 4232

Registrar's No. 2

1. PLACE OF DEATH:

(a) County Howell

(b) City or town Willow Springs, Mo.
(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 years, months or days) 40 yrs.

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Howell

(c) City or town Willow Springs
(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 George Washington Skeggs

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 11 year 43 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from 1-11 1943 to 1-11 1943
that I last saw him alive on 1-9- 1943
and that death occurred on the date and hour stated above.

4. Sex M- 5. Color or race W- 6. (a) Single, widowed, married, divorced M-

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

7. Birth date of deceased DEC-18-1854
(Month) (Day) (Year)

Immediate cause of death 7 PM
Chronic Myocarditis

Due to _____ 93d

Due to _____

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

8. AGE: Years 88 Months _____ Days 23 If less than one day _____ hr. _____ min.

9. Birthplace Missouri (City, town, or county) (State or foreign country) 0

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name George Skeggs

13. Birthplace Dont Know 9 (City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Stearns

15. Birthplace Dont Know 9 (City, town, or county) (State or foreign country)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Jake Skeggs

(b) Address Winton Valley, Mo

17. (a) Skeggs Cemetery (b) Date thereof _____ (Month) (Day) (Year)
(Burial, entombment, or removal)

(c) Place: burial or cremation Skeggs Cemetery

18. (a) Signature of funeral director B. B. ...

(b) Address City

19. (a) 1-13-43 (b) Nanette Ferguson
(Date received local registrar) (Registrar's signature)

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 J. P. Callahan (M. D. or other) 0

Address Willow Springs, Mo Date signed 1-13-43

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RECEIVED

District Health Officer No. 5

District File Number 24861

Date Filed 3-5-43

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

R. Burns

Licensed Embalmer No.

1837

P. O. Address

Willow Springs, 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.