

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 3045

FILED FEB 9 1943

Registration District No. \_\_\_\_\_

Primary Registration District No. 5911

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Juniata  
(b) City or town Bragg City R. J. 6  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Pascala Hosp  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community Eight months  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Juniata  
(c) City or town Bragg City R. J. 6  
(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 Mildred Skaggs

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. no

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced 0

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

7. Birth date of deceased June 4 1942  
(Month) (Day) (Year)

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

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

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name W. H. Skaggs  
13. Birthplace Juniata Mo  
(City, town, or county) (State or foreign country)  
14. Maiden name Ida Duckworth  
15. Birthplace Ill  
(City, town, or county) (State or foreign country)

16. (a) Informant W. H. Skaggs

(b) Address Bragg City R. J. 6

17. (a) Burial (b) Date thereof 1-12-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Juniata Mo

18. (a) Signature of funeral director Lutz and Co

(b) Address Juniata Mo

19. (a) 1-12-43 (b) Mrs T. R. Cole  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 12  
year 1943 hour 5 minute 30 M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date and hour stated above.

Immediate cause of death infection around ears to head, probably infected from pustules  
Due to an infection  
Due to no medical attention

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

Major findings: Of operations 1112

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? \_\_\_\_\_

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

23. Signature Julius V. Moore (M. D. or other) Coron

Address Juniata Mo Date signed 1/12/43

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

1-38-43

**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.....

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.**