V. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 21 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

3792

State File No.

Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 126

1. PLACE OF DEATH:

(a) County Vernon

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

(c) Name of hospital or institution: State Hospital No 3 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 5 years 11 months 10 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Polk 108

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

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

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

If yes, name country — 0

3. (a) PRINT FULL NAME JOSIE - SKAGGS

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife unknown

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

7. Birth date of deceased June (Month) 3 (Day) 1869 (Year)

8. AGE: Years 73 Months 6 Days 0 If less than one day — hr. — min.

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

10. Usual occupation formerly Housewife

11. Industry or business none

FATHER
12. Name unknown
13. Birthplace unknown (City, town, or county) unknown (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) unknown (State or foreign country)

16. (a) Informant Records State Hosp No 3

(b) Address Nevada Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 4 1942 (Month) (Day) (Year)

(c) Place: burial or cremation State Hospital Cem

18. (a) Signature of funeral director Ferry Funeral Home

(b) Address Nevada Mo.

19. (a) Dec. 3, 1942 (Date received local registrar) (b) Elizabeth Breckenridge (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 3 year 1942 hour 7 minute 50 A.M.

21. I hereby certify that I attended the deceased from Oct 1939 to Dec 3 1942 that I last saw her alive on Dec 3 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Degenerative Myocarditis

Due to

Due to Coronary Sclerosis

Other conditions Senile Psychosis
(Include pregnancy within 3 months of death)

Intertrochanteric fracture left femur

Major findings:
Of operations none - no operation

Of autopsy none - no autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: contributary

(a) Accident, ~~suicide~~, or ~~homicide~~ (specify) accident

(b) Date of occurrence Nov 21, 1942 108

(c) Where did injury occur? Nevada (City or town) Vernon (County) Mo. (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? fell over chair on ward at State Hosp.
(Specify type of place)

While at work? no (e) Means of injury Intertrochanteric fracture left femur

23. Signature Paul L Barone (M. D. or other)

Address State Hosp No 3 Date signed Dec 3 1942

1231

(Licensed Embalmer's Statement on Reverse Side) Nevada Mo.

RECEIVED
District Health Officer No. 71
District File Number 12-42-1495
Date Filed 1-15-43

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 W. E. Terry
Licensed Embalmer No. 1432
P. O. Address Nevada, 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.