

FILED JUL 2 1943

Registration District No. 388

Primary Registration District No. 5655-

Registrar's No. 95-

1. PLACE OF DEATH:

(a) County Lauraence
(b) City or town Mount Vernon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri State Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 days
(Specify whether
In this community 6 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson
(c) City or town Festus
(If outside city or town limits, write "RURAL")
(d) Street No. R. Route # 2
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Sadie S. Skaggs

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

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Wendell R. Skaggs
6. (c) Age of husband or wife if alive unknown years
7. Birth date of deceased June 19 1907
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
35 11 15 hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____
12. Name William Brown
13. Birthplace St. Marys Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Halliday
15. Birthplace St. Marys Missouri
(City, town, or county) (State or foreign country)

MOTHER FATHER

16. (a) Informant E. Michael, Recd. Clerk
(b) Address Mo. State San., Mount Vernon
17. (a) Normal (b) Date thereof May June 4/43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Festus, Mo
18. (a) Signature of funeral director Geo B Orr
(b) Address Mo. Vernon Mo

19. (a) 6 10 43 (b) Audy Crawford
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3
year 1943 hour 7 minute 40 P. M.
21. I hereby certify that I attended the deceased from May 29, 1943, to June 3, 1943
that I last saw her alive on June 3, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis
Duration 3 yrs

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
13 f 1

Major findings: Of operations _____
Of autopsy _____
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 Charles A. Brasher M.D.
Address Mo. Vernon, Mo. Date signed 6-3-43

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

RECEIVED

District Health Officer No. 6,

District File Number 643-755

Date Filed JUN 29 1947

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.....

George B. Orr

Licensed Embalmer No. 946

P. O. Address 7th Vernon 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.