

Registration District No. 206

Primary Registration District No. 3042

Registrar's No. 39

1. PLACE OF DEATH:

(a) County Madison
(b) City or town Fredericktown mo
(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 (Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Madison
(c) City or town Fredericktown
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Lucy SKAGGS

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

4. Sex F 5. Color or race W. 6. (a) Single, widowed, married. 1 divorced married
6. (b) Name of husband or wife Tom Skaggs 6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased Dec 5 1891
(Month) (Day) (Year)

8. AGE: Years 51 Months 6 Days 14 If less than one day hr. _____ min. _____

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

10. Usual occupation House wife

11. Industry or business _____

MOTHER FATHER { 12. Name Charles Hovis
13. Birthplace Fredericktown Mo
(City, town, or county) (State or foreign country)
14. Maiden name Anna Pyle
15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Willard Skaggs

(b) Address Fredericktown mo

17. (a) Burial (b) Date thereof JUNE 21/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Christian ch. Fredericktown mo

18. (a) Signature of funeral director Ed H Webb
(b) Address Fredericktown mo

19. (a) June 21 1943 (b) S. G. S. Campbell
(Date received local registrar) (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19
year 1943 hour 6 minute 40 P.M.
21. I hereby certify that I attended the deceased from Jan 20
1943 to June 19 1943
that I last saw her alive on June 19 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma on right breast
Duration unknown

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) 50

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 1

23. Signature Keith L. Hull (M. D. or other) D.O.
Address Fredericktown, Mo Date signed 6-21-43

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

RECEIVED

District Health Officer No. 4
District File Number 743-2430
Date Filed 7-8-43

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 John H. Helt
Licensed Embalmer No. 4264
P. O. Address Fredensborg, W. Va.

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.