

FILED AUG 27 1943

Registration District No. 46 Primary Registration District No. 4065 Registrar's No. 23

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

1. PLACE OF DEATH:

(a) County Caldwell

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

(c) Name of hospital or institution:
Polo Mo. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no. (Specify whether years, months or days) 4 years

In this community 4 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Caldwell

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

(d) Street No. Home In Polo, Mo.
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME SUSAN ELIZABETH SKAGGS

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

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife James Buchanan Skags 6. (c) Age of husband or wife if alive no years

7. Birth date of deceased Nov 09, 1867
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>75</u>	<u>4</u>	<u>21</u>	hr. min.

9. Birthplace Gelesior Springs MO.
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business

12. Name S. Cyrus Ferguson

13. Birthplace unborn Virginia
(City, town, or county) (State or foreign country)

14. Maiden name Arthusia Tiller

15. Birthplace unborn MO.
(City, town, or county) (State or foreign country)

16. (a) Informant Lena Richardson

(b) Address Polo, Mo.

17. (a) Removal (b) Date thereof 5/2/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Gelesior Springs

18. (a) Signature of funeral director Herbert J. Hoop

(b) Address Gelesior Springs

19. (a) 8/16/1943 (b) Corrigan Jewett Deputy
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2 year 1943 hour 110 minute 5 P.M.

21. I hereby certify that I attended the deceased from Dec 10, 1941, to May 2, 1943; that I last saw her alive on May 2, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of left breast with multiple metastasis

Due to _____

Due to _____

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

Major findings:
Of operations _____

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) (a) Means of injury _____

23. Signature C.H. Wilson M.D. (a) D.O. or other _____
Address Polo Mo. Date signed May 3, 1943

Duration _____
sp not charged statistically.

PHYSICIAN
Underline the cause to which death should be charged statistically.

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.....

Chas Virgil Hope

Licensed Embalmer No. *3950*

P. O. Address: *Excelsior Springs*

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.