

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED OCT 7 1943/37
Registration District No. _____

Primary Registration District No. 5507

Registrar's No. 184

1. PLACE OF DEATH:

(a) County Henry

(b) City or town Clinton, R. P. #5
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: DAVIS TWO
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None
(Specify whether years, months or days)

In this community 35 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry ⁰⁴²⁰

(c) City or town Clinton - Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Davis Two #2
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Gertrude Lee Skaggs

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 15
year 1943 hour 3:30 minute _____ M.

21. I hereby certify that I attended the deceased from 1938
_____ 19 _____ to Sept 15 1943
that I last saw him alive on Sept 15 1943
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race W

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

6. (b) Name of husband or wife Robert Skaggs

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased Dec 3 1884
(Month) (Day) (Year)

Immediate cause of death Heart Myocardia with acute dilatation

Due to Paralysis agitante

Due to Chronic Nephritis

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

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

58 9 12 _____ hr. _____ min.

9. Birthplace Near Montrose O Henry Co
(City, town, or county) (State or foreign country)

10. Usual occupation House Keeper

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

11. Industry or business _____

12. Name Wm D. Hendricks

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

14. Maiden name Maggie P Mohler

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

16. (a) Informant Robert Skaggs

(b) Address Clinton, Mo. R.P. #5

17. (a) Burial (b) Date thereof 9-18-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bear Creek Cem

18. (a) Signature of funeral director H. A. Carsoant

(b) Address Clinton Mo.

19. (a) Sept 18 1943 (b) Georgia Kitchen
(Date received local registrar) (Registrar's signature)

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 Geo S. [unclear] (M.D. or other)
Clinton Mo Date signed Sept 17

RECEIVED

District Health Officer No. 7,

District File Number

Date Filed

9-43-1001

10-7-43

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 H. L. Varisart

Licensed Embalmer No. 3729

P. O. Address Clinton 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.