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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

15

FILED MAY 28 1944

Registration District No.

Primary Registration District No. 3059

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Francois
(b) City or town Bonne Terre, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Bonne Terre Hospital, Bonne Terre, Mo.
(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)

3. (a) PRINT FULL NAME Mr. James Cecil Skaggs
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased August 30 1913
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
30 7 12 hr. min.

9. Birthplace Welland, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Mining

11. Industry or business National Lead Co.

12. Name Mr. James H. Skaggs

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

14. Maiden name Bertie A. Askew

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

16. (a) Informant Mrs. J. H. Skaggs (mother)

(b) Address Iron Mt., Mo.

17. (a) Burial (b) Date thereof April 16 - 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Burial, Welland, Mo.

18. (a) Signature of funeral director Alvin W. How

(b) Address 303 Chest St - Flat 2, Mo.

19. (a) 4-20-44 (b) James H. Skaggs
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois
(c) City or town Fredricksston, Mo. 44
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 12
year 1944 hour 10 minute 10 P. M.

21. I hereby certify that I attended the deceased from April 11, 1944, to April 12, 1944;
that I last saw him alive on April 12, 1944;
and that death occurred on the date and hour stated above.

Immediate cause of death Crushing injury to pelvis and lower spine
Duration 1 day

Due to Falling work in lead mine at Fredricksston, Mo.

Due to _____
Other conditions None
(Include pregnancy within 3 months of death)

Major findings: None
Of operations None
Of autopsy no 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) Accident. O.G. 2

(b) Date of occurrence 4-11-44

(c) Where did injury occur? Fredricksston - Madison - Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In industrial place, lead mine of St. Louis Smelting Plant
While at work? Yes (Specify type of place) (e) Means of injury Falling work

23. Signature David Edmuth (M. D. or other) M.D.
Address Bonne Terre, Mo. Date signed 4-13-44

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

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RECEIVED 5-13-44

District Health Officer No. 4

District File Number 544-38

Date Filed 5-13-44

JUN 21

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 Alvin W. Hood

Licensed Embalmer No. 2780

P. O. Address Flat River, 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.