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FILED SEP 4 1945
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27502

Registration District No. 143 Primary Registration District No. 4232 Registrar's No. 43

1. PLACE OF DEATH:
(a) County HOWELL
(b) City or town WILLOW SPRINGS
(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 64 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO. (b) County Howell 46
(c) City or town Willow Springs 2
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? NO. (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME MARY EMILINE SKAGGS
3. (b) If veteran, name war NO
3. (c) Social Security No. None
4. Sex F 1
5. Color or race W
6. (a) Single, widowed, married, divorced WIDOW 2
6. (b) Name of husband or wife GEO. W. SKAGGS
6. (c) Age of husband or wife if alive years
7. Birth date of deceased MARCH (Month) 24 (Day) 1865 (Year)

8. AGE: Years 80 Months 4 Days 23 If less than one day hr. min.

9. Birthplace WAYNESVILLE (City, town, or county) MO. (State or foreign country)
10. Usual occupation HOUSEWIFE
11. Industry or business
FATHER
12. Name M. O'BANNION
13. Birthplace (City, town, or county) MO. U (State or foreign country)
MOTHER
14. Maiden name AMELIA CLARK
15. Birthplace (City, town, or county) MO. U (State or foreign country)
16. (a) Informant MRS. W. D. THROCKMORTON
(b) Address CITY
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 8/19/45 (Month) (Day) (Year)
(c) Place: burial or cremation SKAGGS CEMETERY
18. (a) Signature of funeral director J C Burns
(b) Address Willow Springs, MO.
19. (a) Sc-18-45 (Date received local registrar) (b) Danette Ferguson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 17
year 1945 hour 7 minute 18 p M.
21. I hereby certify that I attended the deceased from Aug 15, 1945, to Aug 17, 1945;
that I last saw her alive on Aug 17, 1945;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Apoplexy	
Due to arteriosclerosis & interstitial nephritis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy 1310	

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?
(Specify type of place)
While at work? (e) Means of injury 2
23. Signature Thomas T. Francisco (M. D. or other) D.O.
Address Willow Springs Date signed Aug 18, 45

345 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5
District File Number 945-345
Date Filed 9-1-45

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 J C Burns

Licensed Embalmer No. 3379

P. O. Address Willow Springs, 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.