

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
STATE BOARD OF HEALTH OF MISSOURI
FILED AUG 18 1945 STANDARD CERTIFICATE OF DEATH

28264

State File No. _____

Registration District No. 294

Primary Registration District No. 3056

Registrar's No. 134

1. PLACE OF DEATH:

(a) County Randolph

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

(c) Name of hospital or institution: 304 Jefferson 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 Missouri (b) County Randolph

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

(d) Street No. 304 Jefferson 3
(If rural, give location)

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

3. (a) PRINT FULL NAME Ronald Wayne Skaggs

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male 0 5. Color or race W.

6. (a) Single, widowed, married, divorced 6 0

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: March 16th 1945
(Month) (Day) (Year)

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

3	29		
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hr. min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name Roy Skaggs

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

14. Maiden name Hazel Justus

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

16. (a) Informant Roy Skaggs

(b) Address Moberly Mo

17. (a) Burial (b) Date thereof July 14-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moberly Mo

18. (a) Signature of funeral director Mahan Sew

(b) Address Moberly Mo

19. (a) 7-14-45 (b) Anna Kave
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13th
year 1945 hour 3 minute 30 P. M.

21. I hereby certify that I attended the deceased from July 12 1945 to July 13 1945
that I last saw him alive on July 13 (1945) 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Ac Enteritis Duration 5da

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) 2

Major findings: Of operations 119a

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) Means of injury _____

23. Signature H. G. Griffith (M. D. or other) _____

Address Moberly Date signed 7-14-45

1086

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 10

District File Number 8-45-1285

Date Filed AUG 16 1945

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 Frank B. Witt

Licensed Embalmer No. 3021

P. O. Address Moberly, 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.