

S. No. 2
M-5-43
5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1761
Registrar's No. 5367

FILED JAN 21 1946

Registration District No. 149

Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: 709 Washington
(d) Length of stay: In hospital or institution unknown.
In this community unknown.

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County Jackson
(c) City or town Kansas
(d) Street No. 709 Washington
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Steve Skaggs
(b) If veteran, name war none
(c) Social Security No. Donot know

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec day 25
year 1945 hour 8 minute 50A M.

4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife unknown
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: Sept 1 1872

21. I hereby certify that I attended the deceased from [Signature] 19... to [Signature] 19...
that I last saw him alive on [Signature] 19...
and that death occurred on the date and hour stated above.
Immediate cause of death: Coronary thrombosis

8. AGE: Years 73 Months 3 Days 24
If less than one day hr. min.

Due to [Signature] [Signature]
Due to [Signature]
Other conditions: [Signature]
Major findings: [Signature]

9. Birthplace: Ill. (City, town, or county) (State or foreign country)
10. Usual occupation: none

MOTHER FATHER
11. Industry or business
12. Name: Do not know
13. Birthplace: Do not know
14. Maiden name: Sara Mabel
15. Birthplace: Ill.

PHYSICIAN
Underline the cause to which death should be charged statistically.
Of autopsy: [Signature]
[Signature]

16. (a) Informant: Vergal Skaggs
(b) Address: 13114 Lakewood KC Mo
(c) Place: burial or cremation: Removal (b) Date thereof: Dec 28-45
(c) Place: burial or cremation: Maple Hill Cemetery KCMO
18. (a) Signature of funeral director: [Signature]
(b) Address: KCMO
19. (a) 12-27-45 (b) [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?
(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: [Signature]
Signature: [Signature] (M. D. or other)
Address: [Signature] Date signed: 12-26-45

100394
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUN 7
1958

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..... *Francis Melton*

Licensed Embalmer No. *2744*

P. O. Address..... *I. C. 220*

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.