

FILED APR 11 1946 **STANDARD CERTIFICATE OF DEATH**

State File No. **10585**

Registration District No. **316**

Primary Registration District No. **6075**

Registrar's No. **104**

1. PLACE OF DEATH:

(a) County **St Francois**
 (b) City or town **Esther, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **/**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)
 In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Francois**
 (c) City or town **Esther**
(If outside city or town limits, write "RURAL")
 (d) Street No. **3rd Street**
(If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **23**
 year **1946** hour **9** minute **30** P.M.
 21. I hereby certify that I attended the deceased from **Febr 23**
1946 to **March 23**, 19**46**
 that I last saw him alive on **March 23**, 19**46**
 and that death occurred on the date and hour stated above.

Immediate cause of death:
Lobar pneumonia 4 days
 Due to **Cerebral hemorrhage 4 wks**
 Due to **hypertension** **ye!**
 Other conditions _____
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings:
 Of operations _____
 Of autopsy **108**

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)
 (c) Means of injury _____

23. Signature **J. W. Zupar** (M.D. or other)
 Address **Flat River Mo** Date signed **3/25/46**

3. (a) PRINT FULL NAME **Jessie Wilburn 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 **Martha Thela Skaggs** 6. (c) Age of husband or wife if alive **78** years
 7. Birth date of deceased **August 21, 1866**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 **6** **2** hr. _____ min.

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

10. Usual occupation **Boiler maker**

11. Industry or business _____

12. Name **Steven Skaggs**
 13. Birthplace **Washington county, Mo**
(City, town, or county) (State or foreign country)
 14. Maiden name **Manerva Huitts**
 15. Birthplace **Washington county, Mo**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Willard Lackey**

(b) Address **Esther, Missouri**

17. (a) **Burial** (b) Date thereof **March 26-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Bonne Terre Cemetery**

18. (a) Signature of funeral director **Sparks Funeral Home**

(b) Address **300 Taylor, Flat River, Mo.**

19. (a) **3/26/46** (b) **Esther Rudloff**
(Date received local registrar) (Registrar's signature)

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

3457

RECEIVED

District Health Officer No. 4
District File Number 446-1996
Date Filed 4-10-46

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 Murphy L. Sparks
Licensed Embalmer No. 4236
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.