

FILED OCT 20 1946
Registration District No. 752

State File No. _____

Primary Registration District No. 2001

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: Freeman Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Days
(Specify whether In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

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

(d) Street No. 1809 Ohio
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Sandra Lee Skaggs

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 4
year 1946 hour 5:30 minute P M.

4. Sex Female 5. Color or race W.

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

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

7. Birth date of deceased October 2, 1946
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct 2, 1946 to Oct 4, 1946; that I last saw h. _____ alive on _____ and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
			<u>2</u>	hr. _____ min. _____

Immediate cause of death Congenital atelectasis Duration 2 days

9. Birthplace Joplin Missouri
(City, town, or county) (State or foreign country)

Due to _____

Due to _____

10. Usual occupation _____

Other conditions (Includes pregnancy within 3 months of death) _____

11. Industry or business _____

Major findings: Of operations _____

12. Name Jack L. Skaggs

Of autopsy _____

13. Birthplace Grand Falls, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Evelyn Block

15. Birthplace Anderson, South Carolina
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Jack L. Skaggs

(b) Address 1809 Ohio, Joplin, Mo.

17. (a) Burial (b) Date there 10-5-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ozark Memorial Parker-Bunsaker

18. (a) Signature of funeral director _____
(b) Address 1502 Joplin, Joplin, Mo.

19. (a) 10-14-46 (b) Ed. Jensen
(Date received local registrar) (Registrar's 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? _____ (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 Joseph J. [unclear] (M. D. or other) _____

Address Joplin Mo Date signed 10-11-46

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

MOTHER FATHER

13 X

46-10-892

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.