

S. No. 2
M-1/47
5-17-39

FEDERAL SECURITY AGENCY

UNITED STATES DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

19862

State File No.

National Office of Vital Statistics
FILED JUL 15 1948

Registration District No. 204

Primary Registration District No. 204

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
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Okla. (b) County Ottawa
(c) City or town Baxter Springs, Kansas
(If outside city or town limits, write "RURAL")
(d) Street No. None
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Billy Gene Skaggs

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex Male 5. Color or race W. 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years
7. Birth date of deceased Oct. 27, 1929
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
18 7 22 hr. min

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

10. Usual occupation Student

11. Industry or business

12. Name Unknown

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

14. Maiden name Lena

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

16. (a) Informant

(b) Address Baxter Springs, Kansas

17. (a) Removal (b) Date thereof 6-18-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation G. A. N. Miami

18. (a) Signature of funeral director Ma V. M. Goodson

(b) Address 200 S. Francis St. Picher

19. (a) 6-24-48 (b) Delores Sampkins, R.R.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18th
year 1948 hour 10 A. M. minute 10 M.

21. I hereby certify that I attended the deceased from June 16, 1948 to June 18, 1948
that I last saw him alive on June 18, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Second and third degree burns - back, chest, upper extremities, lower extremities and left hand.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Of autopsy 18/15

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) accident
(b) Date of occurrence June 16, 1948
(c) Where did injury occur? Baxter Springs, Kan
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? at home
(Specify type of place)
While at work? (Specify type of work)
Means of injury Burn
Signature Virgil E. James M.D. or other
Address Joplin, Mo Date signed June 23, 1948

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

MOTHER FATHER

NOV 26 1952

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 Mrs. V. M. Goodson
Licensed Embalmer No. 1088 Oken

P. O. Address.....

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.