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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUL 8 1948

Registration District No. 5-2-206

Primary Registration District No. 5-1-0-5747

Registrar's No. 49

1. PLACE OF DEATH:

(a) County Madison Co.
(b) City or town Burial Mangland
(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 _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bollinger 9
(c) City or town Filmore Ruria 6
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) _____
(e) Citizen of foreign country? _____ (Yes or No) _____
If yes, name country _____

3. (a) PRINT FULL NAME Charlev 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 Married

6. (b) Name of husband or wife Mollie 6. (c) Age of husband or wife if alive 78 1/2 years

7. Birth date of deceased Mar 24 1879
(Month) (Day) (Year)

8. AGE: Years 69 Months 3 Days 6 If less than one day 6 hr. am min.

9. Birthplace Bollinger Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Henry Skaggs

13. Birthplace Donn-Hain
(City, town, or county) (State or foreign country)

14. Maiden name June Eaton

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

16. (a) Informant Rage Skaggs

(b) Address Hiram Mo.

17. (a) Burial (b) Date thereof 3-28-48
(Burial, cremation, or removal) (Month) (Day) (Year)
Grassy

(c) Place: burial or cremation _____

18. (a) Signature of funeral director Miss Kindy

(b) Address Intergalton Mo.

19. (a) June 30/48 (b) Willie Sandenburgh
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 27
year 1948 hour 6 minute _____ a. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on 3/25/48, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Decomposition

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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) (e) Means of injury 2

23. Signature John J. Murray M.D. (M. D. or other) _____

Address Intergalton Mo. Date signed 6/1/48

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

RECEIVED

Health Officer No. 4
File Number 248-868
Date filed 2-2-48

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.....

Licensed Embalmer No.....

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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 206 ✓ Primary Registration District No. 5747 ✓ Registrar's No. 89

1. PLACE OF DEATH:

(a) County Madison

(b) City or town Rural - Moberly
(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 _____)

In this community _____ years, months or days (Specify whether _____)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Bollinger

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

(d) Street No. _____ (If rural, give location)

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

3. (a) PRINT FULL NAME Charley Skaggs

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M

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

7. Birth date of deceased March 2 1878
(Month) (Day) (Year)

8. AGE: Years 69 Months _____ Days _____ (If less than one day, hr. _____ min. _____)

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

10. Usual occupation _____

11. Industry or business Farmer

12. Name Henry Skaggs

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

14. Maiden name Jane Eaton

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

16. (a) Informant Rage Skaggs
(b) Address Academy, Mo

17. (a) Rural (Burial, cremation, or removal) (b) Date thereof 3-28-48
(Month) (Day) (Year)

(c) Place: burial or cremation Grassy lot

18. (a) Signature of funeral director Glen Koppert
(b) Address Turkeyville, Mo

19. (a) 7-21-1948 (Date received local registrar) (b) Florence Hicks (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ Year 1948 Hour _____ Minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death cardiac decompensation Duration _____

Due to _____

Due to _____

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

Major findings: Of operations _____

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) (c) Means of injury _____

23. Signature John M. Myers (Date signed Mo 6/4/48)

Address _____

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

SUPPLEMENTARY

S-20134