FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 4 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26603

Registration District No. 149 — Primary Registration District No. 1002 — Registrar's No. 3503

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

1. PLACE OF DEATH:

(a) County: Jackson
(b) City or town: Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 2 mos. 10 days (Specify whether years, months or days)
In this community: unknown

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson 48
(c) City or town: Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No.: 2628 Lister 8
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country:

3. (a) PRINT FULL NAME: Samuel Skaggs

3. (b) If veteran, name war: none

3. (c) Social Security No.: 512-07-8616

4. Sex: Male 0

5. Color or race: White

6. (a) Single, widowed, married, divorced: married 1

6. (b) Name of husband or wife: Hazel

6. (c) Age of husband or wife if alive: 33 years

7. Birth date of deceased: April 3, 1913 (Month) (Day) (Year)

8. AGE: Years 35 | Months 4 | Days 21 | If less than one day: hr. min.

9. Birthplace: Atlanta, (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation: Interior Decorator

11. Industry or business:

FATHER
12. Name: Samuel Skaggs
13. Birthplace: Sheridan Co. (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name: Fanny Lou Mansfield
15. Birthplace: Randolph (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant: Mrs. Hazel Skaggs
(b) Address: 2628 Lister

17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 8-26-1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Floral Hills Cmtry.

18. (a) Signature of funeral director: Bentley Mortuary
(b) Address: 5811 Troost

19. (a) 8-27-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 24 year 1948 hour 12 minute 50 A. M.

21. I hereby certify that I attended the deceased from June 14, 1948, to Aug. 24, 1948, that I last saw him alive on Aug. 24, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of testes with metastases — Duration

Due to:

Due to:

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

Major findings: Of operations: 5/C

Of autopsy: See above

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? (Specify type of place)
While at work? (e) Means of injury:

23. Signature: Wm W. Hart (M.D. or other) MD
Address: Med. Dir. Gen'l Hosp. Date signed: 8-24-48

(Licensed Embalmer's Statement on Reverse Side)

Mr Campbell

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 C. McLennan

Licensed Embalmer No. 3453

P. O. Address 1202 CENTRAL K. C. KANS.

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.