National Office of Vital Statistics

FILED FEB 7 1949

Registration District No. 69

# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4121

State File No. 609

Registrar's No. 2

1. PLACE OF DEATH:

(a) County Christian

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

(c) Name of hospital or institution: None (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 4 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Christian 22

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

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

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

If yes, name country

3. (a) PRINT FULL NAME George M. Skaggs

3. (b) If veteran, name war No

3. (c) Social Security No. 493-14-4646

4. Sex Male

5. Color or race Wht

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

6. (b) Name of husband or wife Flora Odell, Skaggs

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased December (Month) 30 (Day) 1875 (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 73 | 0 | 14 | hr. min. |

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

10. Usual occupation Farmer

11. Industry or business

FATHER

12. Name James Skaggs

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

MOTHER

14. Maiden name Mary Wise

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

16. (a) Informant Mrs. Belle Shipman

(b) Address Sparta, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-15-'49 (Month) (Day) (Year)

(c) Place: burial or cremation Wise Hill Cemetery, Clever, Mo.

18. (a) Signature of funeral director John Dean Harris

(b) Address Clever, Mo.

19. (a) Jan. 15, 1949 (Date received local registrar) (b) Alline Dreier (Registrar's signature) 60

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 13 year 1949 hour 3 minute 05 P.M.

21. I hereby certify that I attended the deceased from Jan 7, 1949 to Jan 13, 1949; that I last saw him alive on Jan 13, 1949; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Cerebral hemorrhage | 6 days |
| Due to | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings:
Of operations
Of autopsy

33 X

PHYSICIAN

Underline the cause of 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 Charles A Spears (M. D. or other) MD

Address Billings, Mo Date signed 1-13-49

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 6,
District File Number 249-153
Date Filed 2-4-49

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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 John Alcan Harris

Licensed Embalmer No. 4390

P. O. Address Clever 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.