No. 2
1-10-39
17-39
X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25591

Registration District No. 470 ; Primary Registration District No. 5'633 Registrar's No. 83

AUG 16 1940

1. PLACE OF DEATH:
(a) County Lawrence
(b) ~~City or town~~ Mount Vernon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri State Sanatorium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community 246 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Crawford
(c) City or town Dillard
(If outside city or town limits write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Haskall Skaggs
3. (b) If veteran, name war No
3. (c) Social Security No. Unknown
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mrs. Haskall Skaggs
6. (c) Age of husband or wife if alive Unknown years
7. Birth date of deceased Sept. (Month) 23 (Day) 1899 (Year)
8. AGE: Years 40 Months 9 Days 20 If less than one day hr. min.
9. Birthplace Dillard (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Laborer
11. Industry or business Unknown
MOTHER FATHER
12. Name Andrew Skaggs
13. Birthplace Cherryville (City, town, or county) Missouri (State or foreign country)
14. Maiden name Ora Pulliam
15. Birthplace Reynolds County (City, town, or county) Missouri (State or foreign country)
16. (a) Informant E. McMichael, Record Clerk
(b) Address Missouri State Sanatorium
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof July 13 1940 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ Cuba Mo
18. (a) Signature of funeral director George B Ou
(b) Address Mt Vernon Mo
19. (a) 8-13-1940 (Date received local registrar) (b) P. A. HOLMES (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12th year 1940 hour 6:15 minute A M.
21. I hereby certify that I attended the deceased from Nov. 10 1939 to July 12th 1940; that I last saw him alive on July 11th 1940; and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary tuberculosis 2 yrs (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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Maurice L Jones (M. D. ~~or other~~)
Address Mt Vernon, Mo Date signed 7-12-40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 840-2427
Date Filed ---- AUG 08 1948 ----

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 George B Au

Licensed Embalmer No. 946

P. O. Address Mt Vernon Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.