

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

1. PLACE OF DEATH:
(a) County Remiscot
(b) City or town Rural - Braggadocio township
(c) Name of hospital or institution: 1
(d) Length of stay: In hospital or institution _____
In this community 44 years

3. (a) PRINT FULL NAME MYRTLE LOUISE SKAGGS
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife T. E. Skagg 6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased Nov. 26 1885

8. AGE: Years 57 Months 0 Days 18 If less than one day _____ hr. _____ min.

9. Birthplace Hodge Park Ill. 1

10. Usual occupation Housewife

11. Industry or business None

12. Name John Hodges

13. Birthplace Ill. 1

14. Maiden name Christy Hambley

15. Birthplace Illinois

16. (a) Informant T. E. Skagg

(b) Address Braggadocio, Mo.

17. (a) Burial (b) Date thereof 12 5 42

(c) Place: burial or cremation Ingramm Cemetery

18. (a) Signature of funeral director Abraham Wandt Co.

(b) Address Steele, Missouri

19. (a) Dec. 7-42 (b) Mrs. A. S. Shiley

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Remiscot
(c) City or town Rural
(d) Street No. _____
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec. day 3rd year 1942 hour 4 minute 15 P. M.

21. I hereby certify that I attended the deceased from May 18, 1942, to Dec. 3rd, 1942 that I last saw her alive on Dec. 3rd, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic valvular heart disease
Chronic interstitial nephritis
Due to Senility

Due to _____

Other conditions 13/0
(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? _____

(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 _____

23. Signature Dr. M. Kelley (M. D. or other) Dr.

Address Deering Date signed 12-3-42

1-7-43

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

John St. German

, Registered Apprentice No.

344

working under my personal supervision.

Signed

Hubert J. Bivins

Licensed Embalmer No.

3789

P. O. Address

Steele, MD

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.