

7. S. No. 2
 11-10-39
 5-17-39
 I X21492

14129

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 88

Primary Registration District No. 5325

Registrar's No. 8

1. PLACE OF DEATH:
 (a) County Crawford
 (b) City or town Rural ~~Crawford~~
(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 years, months or days)
 In this community 57 years

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Crawford
 (c) City or town Rural
(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.? 0 years.

3. (a) PRINT FULL NAME Phena Elizabeth Skaggs
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month April day 13
 year 1943 hour 10 minute 20 M.

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Calvin Skaggs 6. (c) Age of husband or wife if alive 57 years
 7. Birth date of deceased January, 18, 1886
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 5-13
28 1943, to April 13, 1943
 that I last saw h. or alive on March 24, 1943
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>57</u>	<u>2</u>	<u>24</u>	<u>22</u> hr. <u>_____</u> min.

Immediate cause of death Acute Myocardial Infarction
 Duration 4 months

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

Due to _____
 Due to _____

10. Usual occupation Housewife

Other conditions 22a
(Include pregnancy within 3 months of death)

11. Industry or business _____
 12. Name Newton Davis,
 13. Birthplace Unknown
(City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Unknown
(City, town, or county) (State or foreign country)

Major findings:
 Of operations _____
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant Maxine Cassidy,
 (b) Address Steelville, Missouri.

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? _____

17. (a) Burial (b) Date thereof 4-15-43
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Davisville, Mo.

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

18. (a) Signature of funeral director Thomas H. Walker
 (b) Address Steelville, Missouri

23. Signature R. L. Parker (M. D. or other) _____
 Address Steelville, Mo. Date 4-20-43

19. (a) 4/20/43 (b) G. W. Schwicker
(Date received local registrar) (Registrar's signature)

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

28
0

RECEIVED

District Health Officer No. 5,

District File Number 54332 J -

Date Filed 3-73-42

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

Thomas S. Gilbert

Licensed Embalmer No. 4332

P. O. Address Steelville, 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, above space should be left blank.