

FILED JUN 11 1943
160
Registration District No.

Primary Registration District No. 3030

Registrar's No. 26

1. PLACE OF DEATH: Jefferson

(a) County Jefferson

(b) City or town Festus
(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 _____)

In this community _____ (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson ⁵⁰

(c) City or town Festus ³
(If outside city or town limits, write "RURAL") ¹

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

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

If yes, name country _____ ⁰

3. (a) PRINT FULL NAME Nettie Skaggs

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color of race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Gilbert Skaggs 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 5th 1867
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>76</u>	<u>0</u>	<u>11</u>	_____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name James Mercer

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

14. Maiden name Mary Ann Stewart

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

16. (a) Informant Wendell Skaggs

(b) Address Festus, Missouri

17. (a) Burial (b) Date thereof 4/18/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brown Cemetery

18. (a) Signature of funeral director Fink Funeral Parlors

(b) Address 220 Main St. Festus, Mo.

19. (a) 4/12/43 (b) W.P.C. [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 16th
year 1943 hour 10 minute 30 AM

21. I hereby certify that I attended the deceased from April 12
1943 to April 16, 1943
that I last saw her alive on April 12, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Senile Dementia Duration _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 162a

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? _____

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

23. Signature [Signature] (Name of other) _____
Address Festus Mo. Date signed 4/16/43

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

MOTHER FATHER

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, ~~####~~.....

Eleuan Province

~~#####K#####N##~~
Registered Apprentice No.##

~~#####~~
working under my personal supervision.

Signed

Eleuan Province

Licensed Embalmer No. 3403

P. O. Address. Festus, Missouri

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.