

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25954
Registrar's No. 289

D AUG 6 1943
Registration District No. 316

Primary Registration District No. 6075-

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Farmington RURAL St. Francois
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Mo. State Hospital No. 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 mos. 28 da
(Specify whether years, months or days)

3. (a) PRINT FULL NAME VIOLA SKAGGS
3. (b) If veteran, name war No
3. (c) Social Security No. None

4. Sex Female
5. Color or race W.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Otto H. Skaggs
6. (c) Age of husband or wife if alive Age Unknown
7. Birth date of deceased August 8, 1887
(Month) (Day) (Year)

8. AGE: Years 55 Months 10 Days 19
If less than one day hr. min.

9. Birthplace Mine La Motte Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife

11. Industry or business
12. Name John Anderson
13. Birthplace Tennessee
(City, town, or county) (State or foreign country)
14. Maiden name Mary Elders
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Records State Hospital No. 4
(b) Address Farmington, Missouri
17. (a) Burial (b) Date thereof 6-28-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Parkview Cem., Between Farmington and Flat River, Mo.
18. (a) Signature of funeral director C. H. Cozean
(b) Address Farmington, Mo.
19. (a) July 6, 1943 (b) Dyadie Buhmester
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Apfton,
(If outside city or town limits, write "RURAL")
(d) Street No. 8608 Brinker
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 27,
year 1943 hour 7 minute 25 P. M.
21. I hereby certify that I attended the deceased from
April 4, 1943 to June 27, 1943
that I last saw her alive on June 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis
Due to Recent lobar pneumonia (recovered)
Due to paralysis of left side from apoplexy (recent)
Other conditions Paralysis following meningitis
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations 108
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? (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 0
23. Signature Lillian Brehm (M.D. or other)
Address State Hospital # 4 Date signed 6/28/43
Farmington, Mo.

MOTHER FATHER

1196

RECEIVED

District Health Officer No.

District File Number 843

Date Filed 8-5

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.....

me, Registered Apprentice No.

working under my personal supervision.

Signed C. H. Coyle 408

Licensed Embalmer No. 408

P. O. Address Farmington

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.