

FILED MAY 5 1947

Registration District No. 140

Primary Registration District No. 3024

Registrar's No. 22

1. PLACE OF DEATH:
Howard
(a) County _____
(b) City or town Fayette, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Lee Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 24 hrs.
(Specify whether _____)
In this community 5 yrs.
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State California (b) County Unknown 999
(c) City or town Gaskill 4
(If outside city or town limits, write "RURAL")
(d) Street No. 1114 Settler Ave 0
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No) 2
If yes, name country _____

3. (a) PRINT FULL NAME Bettie Francis Skaggs

3. (b) If veteran, name war: _____
3. (c) Social Security No. 554-05-0462

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

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

7. Birth date of deceased: May 6 1888
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>58</u>	<u>11</u>	<u>5</u>	_____ hr. _____ min.

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

10. Usual occupation At home

11. Industry or business _____

12. Name John Hitt

13. Birthplace Howard County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Wancy Renolds

15. Birthplace Howard County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant W. W. Hitt

(b) Address Fayette Missouri

17. (a) Burial (b) Date thereof 4/13/48
(Burial, cremation, or reburial) (Month) (Day) (Year)

(c) Place: burial or cremation Fayette, City Cem.

18. (a) Signature of funeral director Ralph A. Carr

(b) Address Fayette, Missouri

19. (a) 4-15-47 (b) Anna P. Tinsdale
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 11
year 1947 hour 10:30 minute P M.

21. I hereby certify that I attended the deceased from 2-10-47
1947 to 4-11-47
that I last saw her alive on _____, 1947,
and that death occurred on the date and hour stated above.

Immediate cause of death: Thyroid Crisis
Duration 1 day

Due to Thyroidectomy
Duration 1 day

Due to _____
Duration _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy: _____
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 Sue Blom (M. D. or other) _____

Address: Fayette Mo Date signed 4-15-47

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

MOTHER, FATHER

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 5-2-47

MAY 6 1947

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____

Lloyd O Jaspering

Registered Apprentice No. 461

working under my personal supervision.

Signed _____

Ralph A Carr

Licensed Embalmer No. 3340

P. O. Address _____

Fayette, 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, fact should be so stated above.