

No. 2
-1/47
5-17-39

Registration District No. _____ Primary Registration District No. **5291** _____

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

1. PLACE OF DEATH:
(a) County **6 lay**
(b) City or town **Liberty, Mo.**
(c) Name of hospital or institution **SOFT Home 5**
(d) Length of stay: In hospital or institution **12 yrs**
In this community **12 yrs**
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **6 lay 24**
(c) City or town **Liberty**
(d) Street No. **200 F. Ave**
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **BLUFORD W. SKAGGS**
3. (b) If veteran, name war **none** 3. (c) Social Security No. **none**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Jan** day **5**
year **1948** hour **4** minute **10 P.** M.

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Single**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive **3**
7. Birth date of deceased **Nov. 3, 1858**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **March 18, 1947, to Jan 5, 1948**
that I last saw him alive on **Jan 4, 1948**
and that death occurred on the date and hour stated above.
Duration **48**

8. AGE: Years **89** Months **2** Days **2** If less than one day _____ hr. _____ min.

Immediate cause of death **Acute circulatory failure** **24 hrs.**

9. Birthplace: **Napoleon, Mo.**
(City, town or county) (State or foreign country)
10. Usual occupation: **Farmer**

Due to **Senile arterio-sclerotic heart disease** **10 yrs.**
Due to **Generalized senile vascular changes** **20 yrs.**

11. Industry or business: _____
12. Name: **Larkin Skaggs**
13. Birthplace: _____
14. Maiden name: **Emma Jane Marshall**
15. Birthplace: _____
(City, town or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: _____
Of operations _____
Of autopsy _____

16. (a) Informant: **J. E. Thomas**
(b) Address **Liberty Mo**
17. (a) Burial, cremation, or removal: **Burial**
(b) Date thereof **Jan 8-48**
(Month) (Day) (Year)
(c) Place: burial or cremation **SOFT at Liberty Mo**
18. (a) Signature of funeral director: **Grand-Allen Co**
(b) Address **Liberty Mo**
19. (a) Date received local registrar: **Jan 8, 1948**
(b) Registrar's signature **W. H. Hayes**

PHYSICIAN
Underline the cause of 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? _____ (Specify type of place) _____
While at work? _____ (e) Means of injury _____

23. Signature: **S. O. Schroeder** (M. D. or other) **M. D.**
Address **Liberty, Mo.** Date signed **1/7/48**

RECEIVED

District Health Officer No. 8

District File Number _____

Date Filed 1-15-48

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 _____

Harold W. Smith

Registered Apprentice No. 33

working under my personal supervision.

Signed John L. Lankford

Licensed Embalmer No. 4448

P. O. Address Liberty, 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.