S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2172

FILED FEB 16 1948

Registration District No. 376 — Primary Registration District No. 3059 — Registrar's No. 41

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

94
2
1

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Bonne Terre (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Bonne Terre Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 Days (Specify whether
In this community 18, years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Francois 94
(c) City or town Desloge (If outside city or town limits, write "RURAL")
(d) Street No. 608 Jackson (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Amos Skaggs
3. (b) If veteran, name war
3. (c) Social Security No. 488-30-1650
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 years
7. Birth date of deceased Feb. (Month) 18 (Day) 1930 (Year)

8. AGE: Years 17 Months 11 Days 11 If less than one day hr. min.

9. Birthplace St. Francois, (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Truck Driver
11. Industry or business Kirshon Produce Co.
FATHER
12. Name Thornton Skaggs
13. Birthplace Washington Co. (City, town, or county) Mo. (State or foreign country)
MOTHER
14. Maiden name Ferry Dickey
15. Birthplace Washington Co. (City, town, or county) Mo. (State or foreign country)
16. (a) Informant Thornton Skaggs
(b) Address Desloge, mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 2-1-47 (Month) (Day) (Year)
(c) Place: burial or cremation St. Francois, Memo. Prk.
18. (a) Signature of funeral director C. Z. Boyer & Son
(b) Address Desloge, Mo.
19. (a) 2-6-48 (Date received local registrar) (b) Esther Rudloff (Registrar's signature) 204

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 30 year 1948 hour 2 minute A M.
21. I hereby certify that I attended the deceased from Jan 17, 1948 to Jan 30, 1948 that I last saw him alive on Jan 30, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Ruptured Cecum	2 days
Due to: Mesenteric thrombosis	
Due to: following injury	2 wks.
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations: Ruptured Cecum, mesenteric thrombosis	
Of autopsy	

1865

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) accident 94
(b) Date of occurrence Jan 15, 1948
(c) Where did injury occur? Desloge, St. Francois MO. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? while working on truck in public. (Specify type of place)
While at work? yes (e) Means of injury orange crate fell on abdomen
23. Signature J. L. Foster (M. D. or other) M.D.
Address Desloge Mo Date signed Jan 31, 1948

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 248-184

Date Filed 2-11-48

FEB 17 1948

FEB 26 1948

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 S. T. Sayer

Licensed Embalmer No. 3660

P. O. Address Desloge 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.