

FILED SEP 2 1948
Registration District No. 1775

Primary Registration District No. 4276

State File No. _____
Registrar's No. 73

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Pierce City, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 1 year and 5 months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Lawrence
(c) City or town Pierce City
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mark Edward Skaggs

3. (b) If veteran, name war No 3. (c) Social Security No. 441-05-5515

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Sidney Skaggs 6. (c) Age of husband or wife if alive 28 1/2 years

7. Birth date of deceased Feb 2 1909
(Month) (Day) (Year)

8. AGE: Years 39 Months 6 Days 10 If less than one day _____ hr. _____ min.

9. Birthplace Granby Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Power Shovel Operator

11. Industry or business Die Casting Co.

12. Name Mark Skaggs

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

14. Maiden name Maudie Burrows

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

16. (a) Informant Mrs Mark Skaggs

(b) Address Pierce City, Mo

17. (a) Burial (b) Date thereof 8 15 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cal Hill Community, Tulsa, Okla

18. (a) Signature of funeral director William J. Wesell

(b) Address Pierce City, Mo

19. (a) 8-15-1948 (b) Orsa Mc Nath
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug 11 day 48
year 48 hour 9 minute 05 A.M.

21. I hereby certify that I attended the deceased from Jan 22, 1948
1948 to Death 19 ;

that I last saw him alive on Aug 11 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Electrocution Instant

Due to _____

Due to _____

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

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) Accident

(b) Date of occurrence Aug 11, 1948

(c) Where did injury occur? Pierce City, Lawrence, Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, or in industrial place, in public place?
Industrial place, Lime crushing plant.

While at work? Yes (e) Means of injury Electrocution

23. Signature W. J. Wesell (M. D. or other) MD

Address Pierce City, Mo Date signed Aug 16 1948

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

MOTHER FATHER

RECEIVED
District Health Officer No. 6,
District File Number 848-972
Date Filed AUG 31 1948

RECEIVED

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 R. Gordon Bennett

Licensed Embalmer No. 4213

P. O. Address Monett, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.