. S. No. 300
OM—10-47
ev. 9-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED NOV 24 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37807

Registration District No. 316

Primary Registration District No. 6072

Registrar's No. 368

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

1. PLACE OF DEATH:
(a) County St Francois
(b) City or town Near Doe Run Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: (Pendleton Township)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ___ (Specify whether
In this community ___ years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Francois
(c) City or town Near Doe Run
(If outside city or town limits, write "RURAL")
(d) Street No. (Pendleton Township)
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ___

3. (a) PRINT FULL NAME Mary Cloud Skaggs
3. (b) If veteran, name war ___
3. (c) Social Security No. ___

4. Sex F
5. Color or race W
6. (a) ~~Single~~, widowed, ~~married~~, ~~divorced~~ Widowed
6. (b) Name of husband or wife Alfred Skaggs
6. (c) Age of husband or wife if alive ___ years
7. Birth date of deceased July 31, 1852 (Month) (Day) (Year)

8. AGE: Years 96 Months 3 Days 18 If less than one day ___ hr. ___ min.

9. Birthplace Tenn (City, town, or county) (State or foreign country)
10. Usual occupation Retired
11. Industry or business —
FATHER
12. Name Wm R. Cloud
13. Birthplace Tenn (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary Ann Woods
15. Birthplace Tenn (City, town, or county) (State or foreign country)
16. (a) Informant Herman Herbst
(b) Address Farmington Mo R-1
17. (a) Doe Run (Burial, cremation, or removal) (b) Date thereof 11-19-48 (Month) (Day) (Year)
(c) Place: burial or cremation Doe Run Mo.
18. (a) Signature of funeral director C H Cozian
(b) Address Farmington Mo.
19. (a) 11-19-48 (Date received local registrar) (b) Esther Rudloff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 17 year 1948 hour 11 minute 40 a.M.
21. I hereby certify that I attended the deceased from Nov 1, 1948, to Nov 17, 1948, that I last saw her alive on Nov 15, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hypostatic Pneumonia	5 days
Due to Senility	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations ___
Of autopsy No.

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) ___
(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 L. W. Stanfield (M. D. or other) DO
Address Farmington Mo Date signed 11/18/48

(Licensed Embalmer's Statement on Reverse Side)

WSD

Health Officer No. 4

File Number 114-8-1447

Filed 11-22-48

FEB 9 1949

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 C H Cozean

Licensed Embalmer No. 4084

P. O. Address Farmington 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.