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23159

FILED JUN 11 1941

Registration District No. 538

Primary Registration District No. 5726

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

1. PLACE OF DEATH

(a) County Madison

(b) City or town Bassett
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 112 Maple St
(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
years, months or days

3. (a) PRINT FULL NAME Joseph Skaggs

3. (b) If veteran, name war no

3. (c) Social Security No. _____

4. Sex M 5. Color of race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lillie Edwards Skaggs

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased 13 1887
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

86 4 26 hr. min.

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

10. Usual occupation Laborer

11. Industry or business _____

12. Name Steve Skaggs

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

14. Maiden name Anderson

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

16. (a) Informant Lillie M Skaggs

(b) Address Bassett Missouri

17. (a) Burial (b) Date thereof May 11, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Shelby Creek Cem. Mad Co

18. (a) Signature of funeral director Ed. Meyer

(b) Address Fredricks town Mo

19. (a) May 11, 1941 (b) B. C. Scaughter
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Madison

(c) City or town Bassett
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9
year 1941 hour 7 minute 0 P.M.

21. I hereby certify that I attended the deceased from Apr 17, 1941, to May 9, 1941.
that I last saw him alive on May 1, 1941.
and that death occurred on the date and hour stated above.

Immediate cause of death: Myocardial degeneration
cardiac stopping & asystole

Due to Senility

Duration Several yrs

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) _____

(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? Yes

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature E. W. White (M. D. or other) D.D.

Address Fredricks town Date signed 5-11-41

STATE OF MISSISSIPPI
DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1. Name of deceased: _____
 2. Sex: _____
 3. Race: _____
 4. Date of birth: _____
 5. Place of birth: _____
 6. Date of death: _____
 7. Cause of death: _____
 8. Immediate cause of death: _____
 9. Duration: _____
 10. Date of death: _____

11. Usual occupation: _____
 12. Industry or business: _____
 13. Nature of injury: _____
 14. Time of death: _____
 15. Registered Apprentice No. _____
 16. Signature: *Ed. H. Webb*
 17. Licensed Embalmer No. 731
 18. P.O. Address: *Fredricktown*

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 _____
was not embalmed

working under my personal supervision.

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.

19. _____
 20. _____
 21. _____
 22. _____
 23. _____
 24. _____
 25. _____

MISSISSIPPI DEPARTMENT OF HEALTH - STATE HEALTH SERVICE - MISSISSIPPI