

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20743
Registrar's No. 48

Registration District No. 271

Primary Registration District No. 5749

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

1. PLACE OF DEATH:

(a) County Madison
(b) City or town Rural Polk Imp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community..... (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Madison
(c) City or town Rural Polk Imp
(If outside city or town limits, write "RURAL")
(d) Street No..... (If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME William Singleton

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex M 5. Color or Race W 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 December 10, 1863
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 8 0 hr. min.

9. Birthplace Madison County Mo. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business.....

MOTHER FATHER { 12. Name Jesse Singleton
13. Birthplace Madison Co. Mo. 1
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Hunter
15. Birthplace Chester Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Leba Weiss
(b) Address R. F. D. #2, Roselle, Mo.

17. (a) Burial (b) Date thereof Aug. 12, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Roselle Mo
18. (a) Signature of funeral director Stanley H. Dixon
(b) Address Fredricks town Mo

19. (a) Aug 12 1943 (b) S. C. Slaughter
(Date received local registrar) (Registrar's signature)
Oyler (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 10 hr. 10:30 minute P. M.
year 1943

21. I hereby certify that I attended the deceased from March 15, 1943 to August 10, 1943
that I last saw him alive on August 8, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Gastric carcinoma Duration 688 yrs.

Due to.....
Due to.....

Other conditions 46 lb
(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?

While at work?..... (Specify type of place)
(e) Means of injury.....

23. Signature E. W. DeLaney (M. D. or other) D.O.
Address Fredricks town Mo Date signed 8-12-43

RECEIVED

District Health Officer No. 4
District File Number 943-2632
Date Filed 9-7-43

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 Stanley A. Dixon
Licensed Embalmer No. 4193
P. O. Address Fredericktown, 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.