

DEC'D MAR 23 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

8087

Do not use this space.

1. PLACE OF DEATH

(a) County Harrison Registration District No. 875
(b) Township _____ Primary Registration District No. 3039 Registered No. 76
(c) City Nevada (d) Street No. _____ St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Samuel B. Single

(a) Residence, No. 605 S. Oak Street St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jennie Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 11 1868
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 70 11 22

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 10, 1939
I HEREBY CERTIFY That I attended deceased from March 5, 1939 to March 10, 1939
I last saw him alive on March 10, 1939 Death is said to have occurred on the date stated above, at 8:50 A.M.
The principal cause of death and related causes of importance were as follows:

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. R.R. Engineer
9. Industry or business in which work was done, as saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

Date of onset 3-8-39

Other contributory causes of importance: Influenza 11/2 3-5-39

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa.

FATHER 13. NAME Geo. Single
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa.

MOTHER 15. MAIDEN NAME Eva Anne
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

17. INFORMANT (ADDRESS) Mrs. S. B. Single Nevada Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Newton B. Park DATE Mar 12 193919. FUNERAL DIRECTOR (NAME) (ADDRESS) Hay Funeral Service Nevada Mo.20. FILED 3-11 1939 Allen J. Keys Local Registrar.

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? No
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____
Manner of injury _____
Nature of injury _____
24. Was disease or injury in any way related to occupation of deceased? No
(Signed) R. P. Keys, M. D.
(Address) 795 Nevada Mo.

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 Allen U. Kays

Licensed Embalmer No. 1968

P. O. Address Nevada, N.

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, above space should be left blank.