

No. 2
-10-39
7-39
X2142

APR 23 1940

Registration District No. **420**

Primary Registration District No. **3022**

Registrar's No. **33**

1. PLACE OF DEATH

(a) County Jefferson
(b) City or town Sedato
(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) 2
(d) Length of stay: In hospital or institution 30 years
(Specify whether years, months or days)

8. (a) PRINT FULL NAME Dora Rhoda Singleton

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Robert Singleton 6. (c) Age of husband or wife if alive 89 years
7. Birth date of deceased June 20 1853
(Month) (Day) (Year)

8. AGE: Years 86 Months 8 Days 18 If less than one day hr. min.

9. Birthplace Sullivan (City, town, or county) Indiana (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER { 12. Name Squire Singleton 9
13. Birthplace Sullivan (City, town, or county) (State or foreign country)
14. Maiden name Minerva Jane Needy
15. Birthplace Indiana (City, town, or county) (State or foreign country)

16. (a) Informant Margaret Mellon
(b) Address Sedato Mo

17. (a) Burial (b) Date thereof March 10 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation City Cemetery Sedato

18. (a) Signature of funeral director Samuel B. Daniel
(b) Address Sedato Mo

19. (a) 3-28-40 (b) Jeneva Danneke
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson
(c) City or town Sedato
(If outside city or town limits, write "RURAL")
(d) Street No. 5th Fletcher
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8th
year 1940 hour 6 minute 15 P. M.

21. I hereby certify that I attended the deceased from October 1, 1939, to March 5, 1940, that I last saw her alive on March 6, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Thrombosis of coronary artery
Due to _____

Due to _____

Other conditions Senility
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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) _____ (Specify means of injury)

23. Signature John G. [unclear] (M. D. or other) _____
Address Sedato Mo Date signed 3/8/40

Duration

Unknown

Other conditions

Unknown

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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 _____

Donnell B. Dietrich

Licensed Embalmer No. _____

7104

P. O. Address _____

Depto, 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, above space should be left blank.