

No. 2
1-10-39
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X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36070

Registration District No. 25

Primary Registration District No. 4414

Registrar's No.

1. PLACE OF DEATH:

(a) County Platte
(b) City or town Dearborn, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None 20
In this community 83 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Platte
(c) City or town Dearborn
(If outside city or town limits, write "RURAL")
(d) Street No.
(e) If foreign born, how long in U. S. A.? No years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 10th.
year 1940 hour 10 minute 15
21. I hereby certify that I attended the deceased from Sept 23rd
1940 to October 10th, 1940
that I last saw her alive on Oct 10th, 1940
and that death occurred on the date and hour stated above.
Immediate cause of death: Pneumonia (Lobar) Duration 12 days.

3. (a) PRINT FULL NAME Drucilla Singer

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

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife John Singer 6. (c) Age of husband or wife if alive Dead years

7. Birth date of deceased June 14 1857
(Month) (Day) (Year)

8. AGE: Years 33 Months 3 Days 26 If less than one day hr. min.

9. Birthplace Dearborn Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation House Keeping

11. Industry or business None

12. Name Charles Warren

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

14. Maiden name Emma Holland

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

16. (a) Informant Dary Singer
(b) Address Dearborn, Missouri

17. (a) Burial (b) Date thereof Oct 12 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Davis Chappel Cem.

18. (a) Signature of funeral director Lucian Davis
(b) Address Dearborn, Missouri

19. (a) Oct 20/1940 (b) M. D. Moore
(Date received local registrar) (Registrar's signature)

Due to 100
Due to 100
Other conditions None
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: None
Of operations None
Of autopsy None
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) NO
(b) Date of occurrence NO
(c) Where did injury occur? None
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? NO
While at work? NO (Specify type of place) (e) Means of injury NO
23. Signature S. L. Dinkham (M. D. or other) 10/10/40
Address Dearborn Mo Date signed 10/10/40

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 Lucian Davis

Licensed Embalmer No. 4160

P. O. Address Dearbon Md.

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.