

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **38229**

Registration District No. **83**

Primary Registration District No. **5118**

Registrar's No. _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD—**NO REC 7-10-40**

1. PLACE OF DEATH:

(a) County **Buchanan Co. Ark.**
(b) City or town **Dearborn, Mo. Rural**
(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**
(Specify whether years, months or days) **50 yrs.**

3. (a) PRINT FULL NAME **King David Singer**

3. (b) If veteran, name war **Worlds War, 1917** 3. (c) Social Security No. **500-07-8377**

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

6. (b) Name of husband or wife **Lucile Morgan** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **April 21st. 1890**
(Month) (Day) (Year)

8. AGE: Years **50** Months **7** Days **2** If less than one day hr. _____ min.

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

10. Usual occupation **House Plasterer**

11. Industry or business **Farming**

12. Name **William A. Singer**

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

14. Maiden name **Julia Noyer**

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

16. (a) Informant **Thomas Singer**

(b) Address **Dearborn, Missouri**

17. (a) **Burial** (b) Date thereof **Nov. 25, 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Old Grace Cemetery**

18. (a) Signature of funeral director **William Davis**

(b) Address **Dearborn, Missouri**

19. (a) **11/24/1940** **W. A. Singer**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Buchanan**
(c) City or town **Dearborn, Mo. Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. **None**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? **No** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **23rd.**
year **1940** hour **8** minute **30 A.** M.

21. I hereby certify that I attended the deceased from **Nov 20**
1940 to **Nov 23**, 1940;
that I last saw him alive on **Nov 23**, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death **meningitis - meningitis tuberculous 1940**
non contagious, Nov

Due to **Bronchopneumonia 17**

Due to **Influenza**

Other conditions **None**
(Include pregnancy within 3 months of death)

Major findings: Of operations **None**

Of autopsy **no**

Duration

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? _____

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

23. Signature **W. A. Singer** (M. D. or other) **MD**

Address **Dearborn Mo** Date signed **11/23/40**

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 Rucian Davis

Licensed Embalmer No. 4162

P. O. Address Deerborn, 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.