

3-40
1-30
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Registration District No. 288 Primary Registration District No. 4172

1. PLACE OF DEATH:

(a) County Dunklin
(b) City or town Kennett Mo
(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 _____ (Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME TROY EDWARD SINGLETON

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced _____

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

7. Birth date of deceased Dec 3 1939
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>11</u>	<u>30</u>		hr. min.

9. Birthplace Kennett Mo
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Charles Singleton

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

14. Maiden name Rachel Cannon

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

16. (a) Informant Charles Singleton

(b) Address Kennett Mo

17. (a) Burial (b) Date thereof 12-3-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ourg Ridge Cem

18. (a) Signature of funeral director Smith & Sons Co

(b) Address Kennett Mo

19. (a) 12-9-40 (b) Thelma Dorn
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 2
year 1940 hour 7:30 minute a M.

21. I hereby certify that I attended the deceased from unattended by a physician
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumococci Pneumonia 3 days
Sept. Toxin

Due to _____
Due to _____

Other conditions (include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

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? _____

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

23. Signature George H. Johnson (M.D. or other) DO
Address Coroner of Dunklin Co Mo Date signed _____

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

RECEIVED

District Health Officer No. 2

District File Number 1240-182

Date Filed 12/12/40

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.....

Licensed Embalmer No.....

P. O. Address.....

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.