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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
AUG 15 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 24698

Registration District No. 119 | Primary Registration District No. 5120A | Registrar's No.

1. PLACE OF DEATH:
(a) County: CAMDEN
(b) City or town: MONT-REAL
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: RURAL AUCLAZETUM
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: NETHER (Specify whether years, months or days)
In this community: 52 YRS / 1

2. USUAL RESIDENCE OF DECEASED: 053 0 10
(a) State: MO (b) County: LACLEDE
(c) City or town: RURAL
(If outside city or town limits, write "RURAL")
(d) Street No.: MONTREAL MO
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME: CLARA C. SINGER
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: F 1
5. Color or race: W.
6. (a) Single, widowed, married, divorced: SINGLED
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: NOV (Month) 26 (Day) 1876 (Year)

8. AGE: Years	Months	Days	If less than one day
64	7	22	hr. min.

9. Birthplace: AUDRAINE Co (City, town, or county) MO (State or foreign country) 0
10. Usual occupation: HOUSE KEEPER
11. Industry or business:
FATHER 12. Name: W P. SINGER
13. Birthplace: ST LOUIS Co. (City, town, or county) MO (State or foreign country) 0
MOTHER 14. Maiden name: NANCY WATTS.
15. Birthplace: AUDRAINE Co (City, town, or county) MO (State or foreign country) 0
16. (a) Informant: Charlie Singer
(b) Address: MONTREAL MO
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: 7 19 1941 (Month) (Day) (Year)
(c) Place: burial or cremation: MONTREAL MO
18. (a) Signature of funeral director: PALMER'S
(b) Address: LEBANON MO
19. (a) July 19 1941 (Date received by local registrar) (b) Mrs Wm Clarke (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 17 year 1941 hour 6 minute 30 P.M.
21. I hereby certify that I attended the deceased from July 1, 1941, to July 17, 1941; that I last saw he alive on July 1, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary T. Tuberculosis — Duration 1940
Due to:
Due to:
Other conditions: none (Include pregnancy within 3 months of death)
Major findings: Of operations: None
Of autopsy: None

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? (Specify type of place)
While at work: (e) Means of injury:
23. Signature: [illegible] M.D.
Address: Camdenton Mo Date signed 8-19-41

17 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 8-41-1305
Date Filed 8-13-41

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 R A Palmer

Licensed Embalmer No. 1161

P. O. Address Lebanon 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, fact should be so stated above.

No. 2B
—8-21-41
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24698

Registration District No. 119 Primary Registration District No. 5170 Registrar's No.

1. PLACE OF DEATH:

(a) County Camden

(b) City or town Montreal Rural
(If outside city or town limits, write "RURAL" and name 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)

In this community 52 yrs.

2. USUAL RESIDENCE OF DECEASED: Camden

(a) State Mo (b) County Laclede

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Montreal Mo
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Clara C. Singer

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced S

6. (b) Name of husband or wife

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

7. Birth date of deceased (Month) (Day) (Year)

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

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

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

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

14. Maiden name

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month day year hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19; that I last saw h alive on 19; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations

Of autopsy

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)

(b) Did injury occur in or about home, on farm, in industrial place, in public place?

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

23. Signature (M. D. or other)

Address Date signed

SUPPLEMENTARY