

Registration District No. 1475

Primary Registration District No. 5792

Registrar's No. 32

1. PLACE OF DEATH:

(a) County MORGAN

(b) City or town (RURAL) MOREAU, Mo.

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community LIFE TIME years, months or days (Specify whether)

3. (a) PRINT FULL NAME WILLIAM NORMAN SINGLAIR

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

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

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

7. Birth date of deceased Mo. 10, 1925 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>17</u>	<u>3</u>	<u>10</u>	_____ hr. _____ min.

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

10. Usual occupation FARMING.

11. Industry or business AT HOME

MOTHER FATHER

12. Name W. EVERETT SINGLAIR

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

14. Maiden name THELMA THIXTON

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

16. (a) Informant W. E. Sinclair

(b) Address Fortuna, Mo.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 6/22/42 (Month) (Day) (Year)

(c) Place: burial or cremation NEWKIRK CEMT.

18. (a) Signature of funeral director [Signature]

(b) Address [Address]

19. (a) 6-22-42 (Date received local registrar) (b) Roy Berhstreser (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County MORGAN

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

(d) Street No. \_\_\_\_\_ (If rural, give location)

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

If yes, name country No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 20 year 1942 hour \_\_\_\_\_ minute 9:30 A.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 ELECTROCUTED BY LIGHTNING WHILE SPRAYING CHICKEN HOUSE ON FATHER'S FARM.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 192

Major findings: Of operations 91

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) ACCIDENT 071

(b) Date of occurrence JUNE 20, '42-9:30 A.M.

(c) Where did injury occur? (RURAL) MORGAN, MO. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? ON FARM WHILE SPRAYING CHICKEN HOUSE (Specify type of place)

While at work? YES (b) Means of injury Lightening

23. Signature [Signature] (M.D.) CARNER

Address [Address] Date signed 6-21-42

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

RECEIVED

District Health Officer No. 7,

District File Number 7-42-787

Date Filed 7-14-42

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**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

*J. V. F. Kidwell*

Licensed Embalmer No. 1596

P. O. Address Versailles 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.