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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 10 1942

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 27875

Registration District No. 633 Primary Registration District No. 4390 Registrar's No. 54

**1. PLACE OF DEATH:**
(a) County Remiscot
(b) City or town Hayti
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

**2. USUAL RESIDENCE OF DECEASED:** 78
(a) State Missouri (b) County Remiscot
(c) City or town Hayti 2
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Katie Singleton
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race Cd
6. (a) Single, widowed, married, divorced married 1
6. (b) Name of husband or wife Henry Singleton
6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased 10 (Month) 18 (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---|---|---|---|---|
| | 49 | 10 | 1 | hr. min. |

9. Birthplace Raymond (City, town, or county) Miss 1 (State or foreign country)
10. Usual occupation housekeeper
11. Industry or business home
FATHER
12. Name Frank Drone
13. Birthplace Raymond (City, town, or county) Miss 1 (State or foreign country)
MOTHER
14. Maiden name Ophelia Johnson
15. Birthplace Raymond (City, town, or county) Miss 1 (State or foreign country)
16. (a) Informant Henry Singleton
(b) Address Hayti Mo
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8-21-42 (Month) (Day) (Year)
(c) Place: burial or cremation Raymond Miss
18. (a) Signature of funeral director H. J. Smith
(b) Address Hayti Mo
19. (a) Aug 20 42 (Date received local registrar) (b) Mrs A. G. Shirey (Registrar's signature) Deputy

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Aug. day 19 year 1942 hour 8 minute A.M.
21. I hereby certify that I attended the deceased from Aug. 15, 1942 to 8/19, 1942 that I last saw her alive on Aug 15, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Malnutrition
Due to Cause of the left tibia & metastases
Due to
Other conditions (Include pregnancy within 3 months of death) 55
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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature A S Rogers (M. D. or other)
Address Wardell, Mo Date signed 8/31/42

1214 (Licensed Embalmer's Statement on Reverse Side)

9-42-1

SEP 16 1942

DEC 18 1957

**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 L. M. Hill

Licensed Embalmer No. 24 27

P. O. Address Lilbourn Ohio

**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.**