

FILED SEP 21 1942

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

30922

Do not use this space.

1. PLACE OF DEATH

(a) County Montgomery Registration District No. 229 70
 (b) Township Danville Primary Registration District No. 4343 0 Registered No. 11
 (c) City New Florence (d) Street No. 1 St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 15 yrs. 2 mos. 15 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME MARY ELLEN SINGLETON

(a) Residence, No. New Florence mo. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
 4. COLOR OR RACE White
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. ~~MARRIED, WIDOWED, OR DIVORCED~~
 HUSBAND OF (or) WIFE OF Wife of: James D. Singleton
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 18, 1860
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
81 9 8

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Home Wife
 9. Industry or business in which work was done, as saw mill, bank, etc. Home
 10. Date deceased last worked at this occupation (month and year) 1918
 11. Total time (years) spent in this occupation 61 years

12. BIRTHPLACE (CITY OR TOWN) Arrow Rock
 (STATE OR COUNTRY) mo.

FATHER
 13. NAME P. A. Owens
 14. BIRTHPLACE (CITY OR TOWN) Virginia
 (STATE OR COUNTRY) 1

MOTHER
 15. MAIDEN NAME Mary Ellen Owens
 16. BIRTHPLACE (CITY OR TOWN) Virginia
 (STATE OR COUNTRY) 1

17. INFORMANT Mrs. J. P. Maeh
 (ADDRESS) New Florence mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE New Florence mo. DATE Aug. 28, 1942

19. FUNERAL DIRECTOR (NAME) A. E. Henderson Jr.
 (ADDRESS) New Florence mo.

20. FILED Aug. 28, 1942 Mo. Oliver Zweifel
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 26, 1942

22. I HEREBY CERTIFY, That I attended deceased from Aug 2, 1942 to Aug 26, 1942
 I last saw him alive on Aug 18, 1942 Death is said to have occurred on the date stated above, at 9:35 p. m.
 The principal cause of death and related causes of importance were as follows:

Bronchial pneumonia
Cerebral Haemorrhage

Date of onset
8-21-42

Other contributory causes of importance:

107

Name of operation..... Date of.....
 What test confirmed diagnosis? Clinical Was there an autopsy? no.

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no. Date of injury....., 19.....
 Where did injury occur?..... (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no.
 If so, specify.....
 (Signed) James O. Nelson M. D.
 (Address) New Florence mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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 au 2824
my Aug 1942, Registered Apprentice No. _____,
working under my personal supervision.

Signed _____

W. H. Higgins
Licensed Embalmer No. 1427

P. O. Address W. H. Higgins, City of Miami

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.