

Registration District No. 150

Primary Registration District No. 5522

Registrar's No. 117

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Rural - Prairie Township  
(c) Name of hospital or institution Jackson County Home  
(d) Length of stay: In hospital or institution 2  
In this community 4 years 7 mos 3 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Rural  
(d) Street No.  
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME Agnes Singer

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

4. Sex F. 1 5. Color or race W. 6. (a) Single, widowed, married, divorced W. 2

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

7. Birth date of deceased March 8, 1892

8. AGE: Years 50 Months 7 Days 22

9. Birthplace New York NY 1

10. Usual occupation Housewife

11. Industry or business None

12. Name Michael Murphy

13. Birthplace unknown

14. Maiden name Agnes - unknown

15. Birthplace unknown

16. (a) Informant Records Jackson County (b) Address Little Blue, Mo.

17. (a) Removal (b) Date thereof 10-26-42 (c) Place: burial or cremation Floral Park Long Island NY

18. (a) Signature of funeral director H.B. Langford (b) Address 26 Summit St  
19. (a) Oct 26, 1942 (b) J.M. Schickler

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 3 day year 1938 hour 3:45 minute 25 M.

21. I hereby certify that I attended the deceased from 3/22 1942 to 10/25 1942 that I last saw him alive on 10/24 1942 and that death occurred on the date and hour stated above.

Immediate cause of death cardiac asthma

Due to

Due to

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

Major findings: Of operations

Of autopsy

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 J. Greene (M.D. or other)

Address Date signed

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

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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 W. B. Langford  
Licensed Embalmer No. 5833  
P. O. Address Leis Summit, Wis.

**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.**