

No. 2  
5-42  
17-39  
X3287

State File No.

Registrar's No.

FILED FEB 3 1943

Registration District No. 128

Primary Registration District No. 2000

59

1. PLACE OF DEATH

(a) County Greene  
(b) City or town Springfield  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
634 College  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution..... (Specify whether  
In this community 1 1/2 Days  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion  
(c) City or town Palmyra  
(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.....

3. (a) PRINT FULL NAME William M. Singleton

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

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

6. (b) Name of husband or wife Martha F. Allen 6. (c) Age of husband or wife if alive XX years

7. Birth date of deceased: June 1 1918  
(Month) (Day) (Year)

8. AGE: Years 24 Months 7 Days 18 If less than one day hr. min.

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

10. Usual occupation: Filling Station Attendant

11. Industry or business

12. Name: E. L. Singleton

13. Birthplace: Speilby County Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name: Martha F. Allen

15. Birthplace: Marion County Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant: E. L. Singleton

(b) Address: Palmyra, Missouri

17. (a) Removal (b) Date thereof: Jan. 19, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Palmyra, Missouri

18. (a) Signature of funeral director: Herman Lohmeyer  
(b) Address: Springfield, Mo.

19. (a) 1-19-43 (b) D. W. Haulley  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 19  
year 1943 hour 1 minute 10 p.m.

21. I hereby certify that I attended the deceased from 1-19-43 19... to 1-19-43 19...  
that I last saw him alive on 1-19-43 19...  
and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary Tbc. Diabetes Mellitus

Due to.....

Due to.....

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

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?

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

23. Signature: Dr. Simpson M.D. (M. D. or other)

Address: Springfield, Mo. Date signed.....

Duration  
9 mos.  
7 mos.

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

984

(Licensed Embalmer's Statement on Reverse Side)

FEB 9 1943

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. Doakus Gorman*

Licensed Embalmer No. *3177*

P. O. Address *Springfield 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.

*x*