

S. No. 2
M-9-4-41
5-17-39
X2948

42846

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JAN 10 1944/84

Registration District No. _____ Primary Registration District No. 3038

Registrar's No. 265

1. PLACE OF DEATH:

(a) County Linn

(b) City or town Brookfield
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Convalescent Home, 817 Lincoln St.
(If not in hospital or institution, write street number or location)

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

In this community 40 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn

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

(d) Street No. 817 Lincoln St.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Sarah Jane Singleton

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex F 5. Color or race W

6. (a) Single, widowed, married, divorced W 2

6. (b) Name of husband or wife Thomas Singleton 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased October 10, 1862
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>81</u>	<u>2</u>	<u>6</u>	_____ hr. _____ min.

9. Birthplace St. Catherine, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name George W. Warren

13. Birthplace _____
(City, town, or county) (State or foreign country)

14. Maiden name Mary Jane - -

15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Herman Wilson
(b) Address Brookfield, Mo.

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

(c) Place: burial or cremation Old New Garden Cemetery

18. (a) Signature of funeral director Rusk Funeral Home

(b) Address Brookfield, Mo.

19. (a) 12-18-43 (Date received local registrar) (b) W.W. Canham (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 16
year 1943 hour 7 minute 30 p. M.

21. I hereby certify that I attended the deceased from Dec 14, 1943, to Dec 16, 1943
that I last saw her alive on 1943 and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis

Due to asthma

Due to _____

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

Major findings: Of operations none

Of autopsy none

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 2

23. Signature W.B. Semboon (M. D. or other) 260

Address Brookfield Date signed 12/18/43

Duration
7 days
25 yrs.

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

58
2
1

58
2
1

456

(Licensed Embalmer's Statement on Reverse Side)

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.....

H. B. Wright

Licensed Embalmer No. *3718*

P. O. Address. *Brookfield, 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.