

FILED APR 6 1944
Registration District No. _____

Primary Registration District No. 3617

Registrar's No. 53-

27
2

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

1. PLACE OF DEATH:

(a) County Cooper

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

(c) Name of hospital or institution: St. Josephs Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 25 days
(Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED: 21

(a) State Missouri (b) County Chariton 0

(c) City or town Salisbury Rural 0
(If outside city or town limit write "RURAL")

(d) Street No. R.F.D.
(If rural, give location)

(e) If foreign born, how long in U. S. A? 1 years.

3. (a) PRINT FULL NAME Mrs. Louella Singleton

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 17
year 1944 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from 2-21-44, 1944, to 3-17-44, 1944, that I last saw her alive on 3-17-44, 1944, and that death occurred on the date and hour stated above.

4. Sex F

5. Color or race White

6. (a) Single, widowed, married, divorced 9

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Dec. 22, 1866
(Month) (Day) (Year)

Immediate cause of death

Pulmonary embolism Duration 5 min.

Due to Diabetes mellitus ?

Due to arteriosclerosis ?

gangrene of toes, right 1 mo.

Other conditions (Include pregnancy within 3 months of death)

8. AGE: 77 Years Months 2 Days 24
If less than one day hr. _____ min. _____

9. Birthplace Randolph County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

Major findings: None

Of operations 61

Of autopsy none

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____

MOTHER FATHER { 12. Name J. T. Cooley

13. Birthplace Dont Know 9
(City, town, or county) (State or foreign country)

14. Maiden name Rodcha Rice

15. Birthplace Dont Know 9
(City, town, or county) (State or foreign country)

16. (a) Informant my Joe Singleton

(b) Address Clifton Hill

17. (a) Burial (b) Date thereof Mar 19, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Salisbury Cemetery

18. (a) Signature of funeral director Tom B. Patton

(b) Address Wentworth

19. (a) MAY-20-44 (b) Dr. Ches. Samp.
(Date received local registrar) (Registrar's signature)

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 0

23. Signature St. W. W. W. (M. D. or other) M. D.

Address Bronville, Mo. Date signed 3/17/44

RECORDED

District Health Officer No. 3,

District File Number _____

Date Filed 4-5-44

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

Tom B. Patton

Licensed Embalmer No. 3914

P. O. Address Huntsville, Ala

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.