

S. No. 2
 8-43
 5-17-39
 P1 X37823

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

1577

State File No.

FILED FEB 13 1945

Registration District No. 3000

Registrar's No. 7

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

1. PLACE OF DEATH:
 (a) County Adair
 (b) City or town Kirksville
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Stickler Hoop
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 weeks
 (Specify whether
 In this community Life
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Sullivan's 5
 (c) City or town Green City
 (If outside city or town limits, write "RURAL")
 (d) Street No. 0
 (If rural, give location)
 (e) Citizen of foreign country? no 1 (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Lucy A. Singley
 3. (b) If veteran, name war ✓
 3. (c) Social Security No. ✓

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month JAN day 9th
 year 1945 hour 8:00 minute P. M.
 21. I hereby certify that I attended the deceased from
July, 1945 to Jan. 9, 1945
 that I last saw him alive on Jan. 9, 1945
 and that death occurred on the date and hour stated above.

4. Sex 7 / 1 5. Color or race w
 6. (a) Single, widowed, married, divorced Widow
 6. (b) Name of husband or wife Robert C. Singley
 6. (c) Age of husband or wife if alive 25 years
 7. Birth date of deceased 25 1865
 (Month) (Day) (Year)

Immediate cause of death Carcinoma of stomach 3 mos
 Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) 46 lb

8. AGE: Years Months Days If less than one day
79 6 14 hr. min.

Major findings:
 Of operations _____
 Of autopsy _____
 Underline the cause to which death should be charged statistically.

9. Birthplace Greencity Mo
 (City, town, or county) (State or foreign country)
 10. Usual occupation Housewife
 11. Industry or business _____
 12. Name James Edson
 13. Birthplace Michigan
 (City, town, or county) (State or foreign country)
 14. Maiden name Elizabeth Laska
 15. Birthplace Dartmouth
 (City, town, or county) (State or foreign country)

16. (a) Informant Walter Singley
 (b) Address Green City, Mo.
 17. (a) Burial (b) Date thereof 1-12-1945
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Green City, Mo.
 18. (a) Signature of general director Wm. E. Hunt & Son
 (b) Address Green City, Mo.
 19. (a) 1-15-45 (b) Mrs. J. Wayman
 (Data 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?
 _____ (Specify type of place)
 While at work? _____ (e) Means of injury 0
 23. Signature R. Stickler (M. D. or other) MD
 Address Kirksville, Mo. Date signed 1-9-45

FEB 20 1945

2-45-238
FEB 11 1945

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 Glenn E. Keuff
Licensed Embalmer No. 1769
P. O. Address Green City, 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.