

Registration District No. **77**

Primary Registration District No. **3016**

Registrar's No. **10**

1. PLACE OF DEATH:

(a) County Cole Co

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

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

(d) Length of stay: In hospital or institution 2 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Osage **76**

(c) City or town Freeburg, Mo. **11**
(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 _____ **A**

3. (a) PRINT FULL NAME LIZZIE SINGER

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 8
year 1945 hour 4 minute 50 a.m.

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

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

7. Birth date of deceased Oct - 18 - 1897
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 5 1939 to Jan. 8. 1945
that I last saw her alive on Jan. 8. 1945
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>47</u>	<u>3</u>	<u>70</u>	hr. _____ min. _____

Immediate cause of death Cachexia
General Metastatic carcinoma
Carcinoma of Right Breast **6 yrs**

Other conditions Ca Right Breast 6 yrs adv. advanced
(Include pregnancy within 3 months of death)

9. Birthplace Freeburg Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

Major findings: Ca Right Breast 6 yrs adv. advanced
Of operations _____
Of autopsy 50

11. Industry or business

12. Name John Singer

13. Birthplace Osage Co. Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Christina Mengrasser

15. Birthplace Rich Fountain Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Joel Singer

(b) Address Loops Creek Mo.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

17. (a) Burial (b) Date thereof 1-10-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Freeburg Mo.

(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? _____

18. (a) Signature of funeral director Clyde Morton

(b) Address Linn Mo.

19. (a) 1-9-45 (b) Norma Richter
(Date received local registrar) (Registrar's signature)

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

23. Signature J. Osman (M. D. or other) M.D.

Address Jefferson City Mo. **Date signed** 1/9/45

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

664

RECEIVED
District Health Officer No. 8
District File Number _____
Date Filed 1-17-45

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 Ormes Boush, Registered Apprentice No. 373, working under my personal supervision.

Signed Victor Buescher
Licensed Embalmer No. 3701
P. O. Address Jefferson 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.