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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 12 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8335

Registration District No. 633 Primary Registration District No. 6096 Registrar's No.

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

1. PLACE OF DEATH:

(a) County Shelby Leonard Rural

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

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

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shelby

(c) City or town Leonard Rural
(If outside city or town limits write "RURAL")

(d) Street No.
(If rural, give location)

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

3. (a) PRINT FULL NAME Sarah Catherine Singleton

3. (b) If veteran, name war

3. (c) Social Security No.

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 March (Month) 7 (Day) 1860 (Year)

8. AGE: Years 79 Months 9 Days 19 If less than one day hr. min.

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

10. Usual occupation Home keeper

11. Industry or business

FATHER
12. Name Benjamin Singleton
13. Birthplace (City, town, or county) Virginia (State or foreign country)

MOTHER
14. Maiden name Mary F. B. Vandiver
15. Birthplace Shelby Co. (City, town, or county) Missouri (State or foreign country)

16. (a) Informant T. W. Singleton
(b) Address Leonard Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 28 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Leonard Mo.

18. (a) Signature of funeral director Keith Hudson
(b) Address Edna Missouri G.L.

19. (a) Feb 12 (Date received local registrar) (b) Mrs E N Gerard (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 26 year 1940 hour 12 minute 50 P.M.

21. I hereby certify that I attended the deceased from Jan 9 1940, 19, to Jan 26, 1940 that I last saw her alive on Jan 16, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Arteria Sclerosis	2
Due to	1
Due to 97	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations none
Of autopsy none

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

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) X
(b) Date of occurrence X
(c) Where did injury occur? X (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? X (Specify type of place)
While at work? X (e) Means of injury X

23. Signature P. C. Arabee (M. D. or other) 1
Address Shelbyville Mo Date signed 1-27-40

(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 Keith Hudson

Licensed Embalmer No. 2415

P. O. Address Elina Missouri

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.