

FILED MAY 8 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

16297

State File No.

Registration District No. 838

Primary Registration District No. 6098B

Registrar's No.

1. PLACE OF DEATH:

(a) County Stoddard
(b) City or town Rural Liberty
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Dexter R. F. D.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard
(c) City or town 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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 25
year 1940 hour Three minute 30 P.M.
21. I hereby certify that I attended the deceased from April 20
1940, to April 25, 1940
that I last saw her alive on April 20, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death _____
1. Myocardial Regurgitation
2. Embolism
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

Major findings:
Of operations _____
Of autopsy _____

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? _____ (a) Means of injury _____
23. Signature George Schaefer (M. D. or other) _____
Address Dexter, Mo. Date signed 5-2-40

3. (a) PRINT FULL NAME Phanie Singleton 524
8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Grant Singleton 6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased March 29 1899
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
40 x 26 _____ hr. _____ min.

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

10. Usual occupation House wife

11. Industry or business _____

MOTHER FATHER { 12. Name Ragsdale
13. Birthplace No Record
(City, town, or county) (State or foreign country)
14. Maiden name No Record
15. Birthplace No Record
(City, town, or county) (State or foreign country)

16. (a) Informant Grant Singleton
(b) Address Dexter, Mo.

17. (a) Burial (b) Date thereof 4-26-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dowdy Cemetery

18. (a) Signature of funeral director Blankenship-Strickland
(b) Address Dexter, Mo.

19. (a) 6/3 1/1940 (b) Jonnie Ouster
(Data received local registrar) (Registrar's signature)

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

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.....

Licensed Embalmer No.....

P. O. Address.....

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.