

No. 2  
-1-4-41  
-17-39  
x2

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

17470

State File No. \_\_\_\_\_

JUN 10 1941  
Registration District No. 129

Primary Registration District No. 5180

Registrar's No. 10

1. PLACE OF DEATH:

(a) County Cape

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

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

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)

In this community 4 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Cape

(c) City or town Cape Girardeau  
(If outside city or town limits, write "RURAL")

(d) Street No. Neelys Landing, Mo. R. F. D. #1  
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Thomas Singleton

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

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

6. (b) Name of husband or wife Cora Trickey 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Dec. 20, 1864  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31  
year 1941 hour 5 minute 45 A.M.

21. I hereby certify that I attended the deceased from May 28  
1941 to May 26 1941;  
that I last saw him alive on May 28 1941;  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

76 5 11 hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Former

Immediate cause of death \_\_\_\_\_

Due to Myocarditis

Due to Arteriosclerosis General

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

MOTHER FATHER

11. Industry or business \_\_\_\_\_

12. Name Jess Singleton

13. Birthplace Don't Know 9  
(City, town, or county) (State or foreign country)

14. Maiden name Don't Know

15. Birthplace Ill. 1  
(City, town, or county) (State or foreign country)

16. (a) Informant Ralph Singleton  
(b) Address Neelys Landing, Mo.

17. (a) Burial (b) Date thereof June 1, 41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ioana Cemt.

18. (a) Signature of funeral director L. L. Hannan  
(b) Address Cape Girardeau, Mo.

19. (a) June 4-1941 (b) F. J. Schosier  
(Date received local registrar) (Registrar's signature)

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? \_\_\_\_\_

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

23. Signature Carl W. Zimmerman (M. D. or other) \_\_\_\_\_  
Address Cape Girardeau Date signed June 10

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

16  
00

MAY 10 1955

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.....

*L. L. Haman*

Licensed Embalmer No. *2863*

P. O. Address *Cape Girardeau, 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.**