

Registration District No. 200

Primary Registration District No. 6225

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Nevada - Washington Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hosp. no 3, Ia.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 yrs 6 mo 7 da.
(Specify whether
In this community Nevada
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 865 North Blvd.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Verda Singleton

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female 5. Color or race White
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 Feb. 13 1894
(Month) (Day) (Year)

8. AGE: Years 49 Months 2 Days 24
If less than one day _____ hr. _____ min.

9. Birthplace Missouri (City, town, or county) (State or foreign country) 0

10. Usual occupation none

11. Industry or business none

MOTHER FATHER
12. Name Brownlow Harton
13. Birthplace Mo (City, town, or county) (State or foreign country) 0
14. Maiden name Mary Holmer
15. Birthplace Mo. (City, town, or county) (State or foreign country) 0

16. (a) Informant Hospital Records

(b) Address Nevada Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 11 43
(Month) (Day) (Year)

(c) Place: burial or cremation Hospital Cem.

18. (a) Signature of funeral director Ferry Funeral Home

(b) Address Nevada Mo

19. (a) 5-10-43 (Date received local registrar) (b) Hazel B. Bewick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day Seventh
year 1943 hour 8 minute 30 P M.

21. I hereby certify that I attended the deceased from Feb. 1
1943 to May 7, 1943.

that I last saw her alive on May 7, 1943.
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic degener - ative myocarditis. Duration _____

Due to _____

Due to _____

Other conditions Genl. Arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings: 938
Of operations _____

Of autopsy _____

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) no.

(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 R. B. Pester (M. D. or other) M.D.

Address State Hosp. no 3 Nevada Date signed 5-7-43

own father's name was Harton. However, she came into the hospital under the name of Singleton. USE OF SINGLETON INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 7d

District File Number 5-43-580

Date Filed 6-14-43

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, ~~by~~.....

....., Registered Apprentice No. ~~1760~~
working under my personal supervision.

Signed L. B. Terry.....

Licensed Embalmer No. 1760.....

P. O. Address Nevada 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.