

FILED APR 20 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15100

Registration District No. 176

Primary Registration District No. 5646

Registrar's No. 38

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Rural, Buckprairie Tws.
(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 35 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Jacob Michel Singer

3. (b) If veteran, name war _____ 3. (c) Social Security No. 488-16-0409

Male White race 5. (a) Single, widowed, married, divorced Married
4. Sex _____
6. (b) Name of husband or wife Martha Singer 6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased April 18, 1871
(Month) (Day) (Year)

8. AGE: Years 72 Months 11 Days 10 If less than one day hr. min.

9. Birthplace Elizabethtown, Pa.
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business _____

MOTHER FATHER { 12. Name Wm. B. Singer
13. Birthplace Pa.
(City, town, or county) (State or foreign country)
14. Maiden name Caroline Clay
15. Birthplace Pa.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mattie Singer

(b) Address Marionville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-30-44
(Month) (Day) (Year)

(c) Place: burial or cremation Marionville, Mo.

18. (a) Signature of funeral director J. B. Bradford

(b) Address Marionville, Mo.

19. (a) 3-30-44 (Date received local registrar) (b) Eunice Green (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence
(c) City or town Marionville
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 28
year 1944 hour 11 minute A.M.

21. I hereby certify that I attended the deceased from 8/10 1943 to 3/28 1944
that I last saw him alive on 3/25 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris Duration 1 yr.

Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
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) _____
(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 Dr. Wayne M. Weaver, D.O. (M. D. or other) _____
Address Marionville, Mo. Date signed 3/29/44

RECEIVED

District Health Officer No. 6

District File Number 444-480

Date Filed APR 13 1944

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

Herman M. Surri

Licensed Embalmer No.

3072

P. O. Address

Curra M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.