

S. No. 2
M-8-43
5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 13 1944
Registration District No. 101

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37651
Registrar's No. 103

Primary Registration District No. 4173

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

1. PLACE OF DEATH:
(a) County Douglas
(b) City or town Ava *Boston*
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 86 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Douglas 34
(c) City or town Ava (If outside city or town limits, write "RURAL") 1
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? _____ (Yes or No) 11
If yes, name country _____

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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct. day 28 year 1944 hour 10 minute P M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Isham Singleton 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased February 28, 1859
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from all Oct 28 1944 to Oct 28 1944; that I last saw her alive on Oct 28 1944 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
86 8 0 _____ hr. _____ min.

Immediate cause of death Acute Cardiac Distention
Due to Chronic myo Carditis 2 out
Due to _____

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

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 930
Of autopsy _____

10. Usual occupation Housewife

11. Industry or business _____

12. Name Rolla McDonald

13. Birthplace Unknown (City, town, or county) (State or foreign country)

14. Maiden name Willie Dameron

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

16. (a) Informant Arthur Singleton

(b) Address Ava, Missouri

17. (a) Burial (b) Date thereof 10-30-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ava

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

(b) Address Ava, Missouri

19. (a) 10-1-1944 (b) Lula Spaulock
(Date received local registrar) (Registrar's signature)

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) _____ (e) Means of injury 3

23. Signature R M Norman (M. D. or other) _____

Address Ava Mo Date signed 10/27/44

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

RECEIVED

District Health Officer No. 6,

District File Number 1244-1317

Date Filed DEC 11 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 *W B Hutchinson*

Licensed Embalmer No. *3431*

P. O. Address *Over Hill*

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.