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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20756

Registration District No. 399 | Primary Registration District No. 1002 | Registrar's No. 2373

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

1. PLACE OF DEATH:

(a) County: Jackson

(b) City or town: Kansas City (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: K.C. General Hospital No. 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days (Specify whether years, months or days)

In this community 20 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson

(c) City or town: Kansas City (If outside city or town limits write "RURAL")

(d) Street No.: 621 West 16th St. (If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME: LAURA SINGLETON 524

3. (b) If veteran, name war: no

3. (c) Social Security No.: None

4. Sex: Femal

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Mr. John E. Singleton

6. (c) Age of husband or wife if alive: 64 years

7. Birth date of deceased: Nov (Month) 8 (Day) 1868 (Year)

8. AGE: Years 71 | Months 6 | Days 29 | If less than one day ____ hr. ____ min.

9. Birthplace: Arkansas (City, town, or county) (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business: 9

MOTHER FATHER

12. Name: Gibson

13. Birthplace: No Record 9 (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: John E. Singleton

(b) Address: 621 W. 16th St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: June 10 1940 (Month) (Day) (Year)

(c) Place: burial or cremation: Green Lawn

18. (a) Signature of funeral director: Mrs C. L. Foster

(b) Address: Kansas City Mo.

19. (a) June 11, 1940 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 7th year 1940 hour 10 minute 40 P. M.

21. I hereby certify that I attended the deceased from June 5th, 1940, to June 7th 1940, 19____; that I last saw her alive on June 7th, 1940, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death: Right pyelonephritis with abscess formation and destruction of right kidney

Due to: 1330

Due to:

Other conditions: Thrombophlebitis of all major pelvic veins

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy: See above

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature: R. F. DeMarco M.D. (M. D. or other)

Address: Supt. K. C. Gen. Hospital, K. C. Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 Theron A. Redmon

Licensed Embalmer No. 2787

P. O. Address K.C. 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, above space should be left blank.