. S. No. 2
1—11-10-39
v. 5-17-39
I X21492

FILED JAN 10 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41495

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 4888

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: 4406 Bell Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution -- (Specify whether)
In this community 14 Days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 710 South Alton Street
(If rural, give location)

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

3. (a) PRINT FULL NAME Mr. Robert E. Singleton

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mrs. Betty J. Singleton

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased March (Month) 7 (Day) 1866 (Year)

8. AGE: Years 74 Months 9 Days 15 If less than one day ____ hr. ____ min.

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

10. Usual occupation Farmer

11. Industry or business Retired

MOTHER FATHER

12. Name Daniel Singleton

13. Birthplace Rockcastle County, Kentucky (City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant John Singleton

(b) Address 900 E Gilmore

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 24, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director A. H. Newcomers Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 12-231-40 (Date received local registrar) (b) M. M. Crow (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 22nd year 1940 hour Between 3 & 6 A.M. minute ____ M.

21. I hereby certify that I attended the deceased from 12/22/40, 19__, to 12/29/40, 19__; that I last saw him alive on 12-27-40, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Heart failure	
Due to Coronary heart disease	
Due to CHF	
Other conditions (Include pregnancy within 3 months of death) Infected teeth, Prostatic hypertrophy	

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature A. J. White M.D. (M. D. or other)

Address 1019 Professional Bldg. KCMo. Date signed 12/30/40

(Licensed Embalmer's Statement on Reverse Side)

Dr. White
1019 [illegible]
Inoffensive Hoffman & Newman
Ha 4022

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 Emile M. Calhoun

Licensed Embalmer No. 3506

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.