

FILED NOV 13 1941 399

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

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: General Hospital #2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 8-30-41-9-27-41  
(Specify whether years, months or days) 30 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. 1624 Garfield  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME RACHEL WATERS- SINGLETON

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Henry Singleton 6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased. May 18 1897  
(Month) (Day) (Year)

8. AGE: Years 44 Months 4 Days 9 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Unemployed

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Deceased Jack Williams

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

14. Maiden name Deceased Dollie Williams

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

16. (a) Informant Record Clerk  
(b) Address General Hospital #2

17. (a) Burial (b) Date thereof Oct 2, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Blue Ridge Lawn

18. (a) Signature of funeral director Hatkins Bros

(b) Address 1729 Lydia

19. (a) 10/2/41 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 27  
year 1941 hour 7 minute 55 a. m.

21. I hereby certify that I attended the deceased from August 30, 1941 to September 27, 1941.  
that I last saw her alive on September 27, 1941.  
and that death occurred on the date and hour stated above.

Immediate cause of death Generalized peritonitis

Due to Chronic ulcerative colitis

Due to Stricture of rectum

Other conditions. \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy 1200

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 B. C. Dierker (M. D. or other) \_\_\_\_\_

Address Gen. Hosp. H-600 E. 2nd Date signed 9-30-41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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

*Isaac J. Manlove*

Licensed Embalmer No.

*3994*

P. O. Address

*2503 Highland*

**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.**