No. 2
8-43
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 28 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41357

Registration District No. 138 Primary Registration District No. 5572 Registrar's No. 148.

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Rural Prairie Ave (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jackson Co. Home for Sex Negroes (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 Mo. (Specify whether In this community 5 Mo. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson 48
(c) City or town Independence Mo. R.F.D. #4 (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Josephine Singleton
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Female 3
5. Color or race Negro
6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband of wife Unknown
6. (c) Age of husband or wife if alive Unknown years
7. Birth date of deceased Sept. (Month) 11 (Day) 1855 (Year)

8. AGE: Years 89 Months 2 Mo. Days 14 da. If less than one day hr. min.

9. Birthplace Lexington (City, town, or county) Kentucky (State or foreign country)
10. Usual occupation None
11. Industry or business None

FATHER
12. Name Richard Cook
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Lexington (City, town, or county) Ky. (State or foreign country)

16. (a) Informant Lucy Carter
(b) Address 616 N. Hocker St. Indep. Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 29-44 (Month) (Day) (Year)
(c) Place: burial or cremation Woodlawn Cem.
18. (a) Signature of funeral director E. E. Davis 4/29/44
(b) Address 312 E. Lexington St. Indep. Mo.
19. (a) Nov. 29, 1944 (Date received local registrar) (b) A. M. Schuck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11-25 day Nov. year 1944 hour 3 P minute A M.
21. I hereby certify that I attended the deceased from 11-1-, 1944, to 11-25-, 1944 that I last saw her alive on 11-24-, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Mitral insufficiency — Duration Dont know

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 92

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 S. Griffin (M. D. or other)
Address 1124 N. Lynn Date signed 11-26-44

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(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 L J Harris Sr

Licensed Embalmer No. 3388

P. O. Address N. 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, fact should be so stated above.