

No. 2  
12-45  
-17-39  
X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37178

FILED NOV 20 1946

State File No. \_\_\_\_\_

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4672

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:  
1123 Tracy Avenue /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
in this community 26 Years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48  
(c) City or town Kansas City 3  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1123 Tracy Avenue 8  
(If rural, give location)  
(e) Citizen of foreign country? No 0 (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 3  
year 1946 hour 7 minute 10 P.M.  
21. I hereby certify that I attended the deceased from  
9-23 1946 to 11-3 1946  
that I last saw h. LM alive on 11-3 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death  
HYPERTENSIVE TYPE  
OF HEART DISEASE.  
Due to UNKNOWN

Duration

Other conditions Chronic Parenchy-  
(Include pregnancy within 3 months of death)  
MAJORS Nephritis.

PHYSICIAN

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

Of autopsy 13/18

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?  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 0

3. (a) PRINT FULL NAME Louis Toby Singleton

3. (b) If veteran, name war World War I 3. (c) Social Security No. 708-18-4677

4. Sex Male 2 5. Color or race Negro 6. (a) Single, widowed, married, divorced, Married

6. (b) Name of husband or wife Gladys Singleton 6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased May 1, 1889  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
57 6 2 hr. \_\_\_\_\_ min.

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

10. Usual occupation Chef Cook

11. Industry or business Burlington Railroad

12. Name Unknown

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

14. Maiden name Sarah

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

16. (a) Informant Gladys Singleton

(b) Address 1123 Tracy

17. (a) Burial (b) Date thereof 11/8/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln Cemetery

18. (a) Signature of funeral director Watkins

(b) Address 1729 Lydia Avenue

19. (a) 11-7-46 (b) Geraldine Holms  
(Date received local registrar) (Registrar's signature)

23. Signature J. O. Hines (M. D. or other)  
Address 2122 E. 15th St. Date signed 11-5-46

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

MOTHER FATHER

*D. W. Hendrix  
15 in 4 1/2 10 1/2 1/2*

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**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..... *J. Jerome Manlove*  
Licensed Embalmer No..... *3994*

P. O. Address..... *2003 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.**