S. No. 2
I—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 296.98

FILED OCT 1 1948

Registration District No. 49 — Primary Registration District No. 1002 — Registrar's No. 3835

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: 3208 East 24th Street Terr. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days) In this community: 63 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson 48
(c) City or town: Kansas City (If outside city or town limits, write "RURAL") 3
(d) Street No.: 3208 East 24th. St. Terr. (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: None

3. (a) PRINT FULL NAME: Hattie C. Church
3. (b) If veteran, name war: No
3. (c) Social Security No.: None
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: James Church
6. (c) Age of husband or wife if alive: 63 years
7. Birth date of deceased: August 8, (Month) (Day) 1885 (Year)

8. AGE: Years	Months	Days	If less than one day
63	1	10	____ hr. ____ min.

9. Birthplace: Independence, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business: Self Employed
FATHER 12. Name: Daniel Singleton
13. Birthplace: South Carolina (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Julia Ann Farrow
15. Birthplace: Illinois (City, town, or county) (State or foreign country)
16. (a) Informant: Mr. James Church
(b) Address: 3208 E. 24th. St. Terr. K.C. Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9-20-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Oak Grove, Missouri
18. (a) Signature of funeral director: Geo. C. Carson F. Home
(b) Address: Independence, Missouri
19. (a) 9-20-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Sept. day: 18th. year: 1948 hour: 3 minute: 30 a. M.
21. I hereby certify that I attended the deceased from Since, 19 44 to Sept. 18, 19 48 that I last saw her alive on Sept. 18, 19 48 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Thrombosis	
Due to: Arteriosclerosis	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: 9 4 a	
Of autopsy:	

PHYSICIAN — Underline the cause of 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) 0
While at work (e) Means of injury
23. Signature: Gerald Reynolds (M. D. or other)
Address: 1010 Argyle Bldg. Date signed: 9-20-48

Jefferson City Printing Co. (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 Charles T. Taylor

Licensed Embalmer No. 4634

P. O. Address Indep 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.