No. 2
11-10-39
5-17-39
11-1-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25332

AUG 23 1940

Registration District No. 398 — Primary Registration District No. 3019 — Registrar's No. 197

8-5-4

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

1. PLACE OF DEATH:

(a) County: Jackson

(b) City or town: Independence (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Independence Sanitarium (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 2 Days (Specify whether years, months or days)

In this community: 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.: 3124 Forest Avenue (If rural, give location)

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

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3. (a) PRINT FULL NAME: Mr. Eugene Keith Singleton

3. (b) If veteran, name war: None

3. (c) Social Security No.:

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Mrs. Jessie Singleton

6. (c) Age of husband or wife if alive: 28 years

7. Birth date of deceased: April (Month) 29 (Day) 1910 (Year)

8. AGE: Years 30 | Months 3 | Days 2 | If less than one day: hr. min.

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

10. Usual occupation: Bridge Contractor

11. Industry or business:

FATHER
12. Name: Daniel Singleton
13. Birthplace: Salisbury (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name: Mattie Coy
15. Birthplace: Keytesville (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Mrs. Jessie Singleton
(b) Address: 3124 Forest

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Aug 2 1940 (Month) (Day) (Year)
(c) Place: burial or cremation: Memorial Park

18. (a) Signature of funeral director: O. H. Newcomer's Son
(b) Address: 1401 Brush Creek Blvd. K. C. Mo.

19. (a) Aug 1 40 (Date received by local registrar) (b) K. L. Cook (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31st year 1940 hour minute A. M.

21. I hereby certify that I attended the deceased from July 30, 1940, to July 31, 1940, that I last saw him alive on July 31, 1940, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pero(gen) Tachycardia	2 days
Due to: Uremia (Thyrotoxic volvulus)	
Due to: Endocarditis	12 yrs
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: NZN	PHYSICIAN
Of autopsy:	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: Fred W Dick (M. D. or other) 120
Address: Fairmount Mo Date signed: 8/1/40

(Licensed Embalmer's Statement on Reverse Side)

10233. Independence
2-6

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 George M. Collier

Licensed Embalmer No. 3839

P. O. Address K. C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.