

No. 2
-11-10-30
5-17-38
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF CENSUS
JAN 26 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **41455**
1918
Registrar's No.

Registration District No. **399**

Primary Registration District No. **1002**

I. 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:
Home 1650 Jackson
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community **20 years**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limit, write "RURAL")
(d) Street No. **1650 Jackson**
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **19th**,
year **1940** hour **2** minute **P.M.**

21. I hereby certify that I attended the deceased from
May 8, 19**39** to **Dec 19**, 19**40**
that I last saw her alive on **Dec 19**, 19**40**
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Acute Myocarditis. 1 WK

Due to **Arterio Sclerosis about 1 yr**

Due to _____
1 WK

Other conditions _____
(Include pregnancy within 3 months of death)
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? _____

36!
While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature **J. C. Donaldson** (M. D.)
Address **714 Bryant Bldg** Date signed **12/20/40**

3. (a) PRINT FULL NAME **Ellen E. Singer**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **No**

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

6. (b) Name of husband or wife **Charles Singer** 6. (c) Age of husband or wife if alive **55** years

7. Birth date of deceased **July 1st, 1889**
(Month) (Day) (Year)

8. AGE: Years **51** Months **5** Days **18** If less than one day hr. _____ min. _____

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

10. Usual occupation **Housewife**

11. Industry or business **Home**

12. Name **Theodore Singer Crowe**

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

14. Maiden name **Evelyn Cave**

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

16. (a) Informant **Charles Singer**

(b) Address **1650 Jackson**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Dec. 21st,**
(Month) (Day) (Year)

(c) Place: burial or cremation **Floral Hills**

18. (a) Signature of funeral director **Rose & Henderson**

(b) Address **Kansas City, Mo.**
19. (a) **12-21-40** (Date received local registrar) (b) **M. M. Crowe** (Registrar's signature)

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

MOTHER FATHER

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

John B. Payne

Licensed Embalmer No. *5955*

P. O. Address *17. 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, above space should be left blank.