S. No. 2
M—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

5493

State File No.

FILED MAR 15 1943

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1110

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: K.C.General Hospital No.1 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 days (Specify whether

In this community 40Years years, months or days)

2. USUAL RESIDENCE OF DECEASED: 48

(a) State Missouri (b) County Jackson 3

(c) City or town Kansas City 6 (If outside city or town limits, write "RURAL")

(d) Street No. 1601 Linwood (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME John Singleton

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race White 0

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased Jan (Month) 5th (Day) 1871 (Year)

8. AGE: Years 72 Months 21 Days ~~18~~ 28 If less than one day hr. min.

9. Birthplace Bedord Mo. (City, town, or county) 0 (State or foreign country)

10. Usual occupation City Saleman retired

11. Industry or business Grocery

FATHER
12. Name Chas. W. Singleton
13. Birthplace Mo. (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name Anna Elizabeth Anderson
15. Birthplace Ronke Mo. (City, town, or county) 0 (State or foreign country)

16. (a) Informant Miss Jessie Singleton

(b) Address 1601 Linwood Blvd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-5-43. (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director Eylar Funeral Home

(b) Address 1800 Linwood Blvd.

19. (a) 3-4-43 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 3rd year 1943 hour 10 minute 30 A. M.

21. I hereby certify that I attended the deceased from 2-20-43, 19, to 3-3-43, 19; that I last saw him alive on 3-3-43, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pyelonephritis	
Due to 122	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy None

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 Drury R. Thom (M. D. or other)

Address Med.Dir.K.C.Gen.Hospital Date signed

(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 Chas Wilkes

Licensed Embalmer No. 2644

P. O. Address 1900 Linwood

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.