V. S. No. 2
OM—9-4-41
Rev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 7 1943

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 17150

Registration District No. 199 Primary Registration District No. 1002 Registrar's No. 2070

**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: General Hospital No. 2 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2-15-43-4-22-43 (Specify whether
In this community 22 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. 1229 Michigan 8
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME WALTER SINGLETON

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex male 2

5. Color or race Negro

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 January (Month) 7 (Day) 1921 (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 22 | 3 | 15 | hr. min. |

9. Birthplace Kansas City (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation cab driver

11. Industry or business business

FATHER
12. Name Walter Singleton
13. Birthplace (City, town, or county) Arkansas 1 (State or foreign country)

MOTHER
14. Maiden name Mae Frances White
15. Birthplace Fayette (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Record Clerk

(b) Address General Hospital No. 2

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-5-43 (Month) (Day) (Year)

(c) Place: burial or cremation Highland

18. (a) Signature of funeral director H. D. Moore

(b) Address K. C. Mo

19. (a) 5-3-43 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month April day 22
year 1943 hour 2:45 minute a. M.

21. I hereby certify that I attended the deceased from February 15, 1943 to April 22, 1943
that I last saw him alive on April 22, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia

Due to Syphilitic Meningitis

Due to 30g

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 G. C. Sewell (M. D. ~~or other~~)

Address Gen. Hosp. #2-600 E 22 Date signed 4-23-43

(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 me

H B Moore, Registered Apprentice No.

working under my personal supervision.

Signed H B Moore

Licensed Embalmer No. 2410

P. O. Address 1820 E 18th St

**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.**