S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 20 1947

THE STATE BOARD OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 17616

Registration District No. 149 Primary Registration District No. 1602 Registrar's No. 2045

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kan City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution / min. (Specify whether years, months or days)
In this community unknown

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Jackson 48
(c) City or town Kan City
(If outside city or town limits, write "RURAL")
(d) Street No. 610½ Walnut St
(If rural, give location)
(e) Citizen of foreign country? unknown (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ARCH SINGLETON
3. (b) If veteran, name war unknown
3. (c) Social Security No. unknown
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced unknown
6. (b) Name of husband or wife unknown
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept (Month) 12 (Day) 1899 (Year)
8. AGE: Years 47 Months 7 Days 20 If less than one day hr. min.
9. Birthplace (City, town, or county) (State or foreign country) U
10. Usual occupation Unknown
11. Industry or business
MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant Coroner's Office
(b) Address K.C. Mo
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5/7/47 (Month) (Day) (Year)
(c) Place: burial or cremation KC College of Osteo
18. (a) Signature of funeral director Sebbets
(b) Address City
19. (a) 5-7-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2 year 1947 hour 3 minute 25 A.M.
21. I hereby certify that I attended the deceased from Coroner, 19..., to, 19...; that I last saw h... alive on, 19...; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Coronary Insufficiency
Due to Sclerosis
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy not
History & inspection

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 (M. D. or other) Coroner
Address Date signed 5-5-47

(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.....Harry C Bergman

Licensed Embalmer No.....7041

P. O. Address.....K. 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, fact should be so stated above.**