S. No. 2
I—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41928

FILED DEC 26 1947

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 5220

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: 808 West 29th. Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 46 Years / years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 5
(If outside city or town limits, write "RURAL")

(d) Street No. 808 West 29th. Street 0
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME MRS. MARGARETHE G. (GUSSIE) SINGER

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female /

5. Color or race White

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

6. (b) Name of husband or wife Archibald P. Singer

6. (c) Age of husband or wife if alive 86 years

7. Birth date of deceased December (Month) 17th. (Day) 1867 (Year)

8. AGE:

Years	Months	Days	If less than one day
79	11	23	..... hr. ..... min.

9. Birthplace St. Louis (City, town, or county) Missouri () (State or foreign country)

10. Usual occupation At Home

11. Industry or business .....

FATHER
12. Name Henry Angarmann
13. Birthplace ..... (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace ..... (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Archibald P. Singer
(b) Address 808 West 29th. Street

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 12-11-1947 (Month) (Day) (Year)
(c) Place: burial or cremation Elmwood Crematory

18. (a) Signature of funeral director Freeman Mortuary & Chapel
(b) Address 104 West 42nd. St. Kansas City, Mo.

19. (a) 12-11-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 10th. year 1947 hour 9 minute A. M.

21. I hereby certify that I attended the deceased from July, 1947 to Dec. 10, 1947 that I last saw her alive on Nov. 4 (about 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardiac failure arteriosclerotic heart disease	2 yr
Due to Pulmonary emphysema	10 yr
Due to Bronchial asthma	24 yr.
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 93 D	
Of autopsy	

PHYSICIAN

Underline the cause of 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 Reid Jones (M. D. or other) MD

Address 1107 Bryant Bldg Date signed 12/10/47

Jefferson City Printing Co.

(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 Elmer C. Wedelin

Licensed Embalmer No. 3495

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.

Buy and Bill

2:00 to 4:00 o'clock