S. No. 2
DM—2-43
v. 5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 25 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30333 5868

Registration District No. 14 Primary Registration District No. 1002 Registrar's No.

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

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: KCTB HOSPITAL 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 MOS - 15 days (Specify whether years, months or days)
In this community 10 YRS

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. 504 W 18TH ST 8
(If rural, give location)
(e) Citizen of foreign country? No ((Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Ida Ruth Lile
3. (b) If veteran, name war NONE
3. (c) Social Security No. 500-12-7718
4. Sex FEMALE 1
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife C. H. LILE
6. (c) Age of husband or wife if alive 24 years
7. Birth date of deceased NOV. (Month) 27 (Day) 1921 (Year)

8. AGE: Years 24 Months 9 Days 10 If less than one day hr. min.

9. Birthplace ATLANTA (City, town, or county) GA (State or foreign country) 1
10. Usual occupation FAC. WORKER
11. Industry or business

MOTHER FATHER
12. Name HAYS J. F
13. Birthplace ? (City, town, or county) MISSOURI (State or foreign country) 0
14. Maiden name PETERSETTA
15. Birthplace ? (City, town, or county) MISSOURI (State or foreign country) 0

16. (a) Informant KCTB HOSPITAL
(b) Address Leeds, MISSOURI
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9 12 46 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Washington Cem.
18. (a) Signature of funeral director George C. Carson
(b) Address Pleasant & Lexington Indep. Mo.
19. (a) 9-11-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT. day 7 year 1946 hour 4 minute 55 A.M.
21. I hereby certify that I attended the deceased from 10-22-45, 19__ to 9-7-46, 19__; that I last saw her alive on 9-7-46, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary Tuberculosis — Duration: 1 year
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 13 B
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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature W. L. Coffman (M. D. or other) MD
Address Kansas City, Mo. Date signed 9-7-46

(Licensed Embalmer's Statement on Reverse Side)

APR 16 19[illegible]

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 F. A. Lisle

Licensed Embalmer No. 4123

P. O. Address Indep. 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.