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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 9 1946

Registration District No. 149

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 36891

Primary Registration District No. 1002

Registrar's No. 4952

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:
1410 E. 12th. Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community About 24 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 1410 E. 12th. Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Ida Belle Carr
3. (b) If veteran, name war no
3. (c) Social Security No. 489-24-4348
4. Sex Female
5. Color or race Negro
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife George Carr
6. (c) Age of husband or wife if alive years
7. Birth date of deceased October (Month) - 3 (Day) - 1905 (Year)

8. AGE: Years 41 Months 1 Days 16 If less than one day hr. min.

9. Birthplace Miami (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Maid
11. Industry or business
MOTHER FATHER
12. Name William Giles
13. Birthplace Marshall (City, twp, or county) Mo. (State or foreign country)
14. Maiden name Sadie Carter
15. Birthplace Miami (City, town, or county) Mo. (State or foreign country)
16. (a) Informant Vernon Giles
(b) Address 9306½ Parmelee, Los Angeles, Calif.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/26/'46 (Month) (Day) (Year)
(c) Place: burial or cremation Miami, Mo.
18. (a) Signature of funeral director E. Sterling Bills
(b) Address 1212 Vine K.C. Mo.
19. (a) 11-26-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 19 year 1946 hour 11 minute P M.
21. I hereby certify that I attended the deceased from Nov 15, 1946, to Nov 19, 1946 that I last saw her alive on Nov 19, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia — Duration 4 days
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
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?
While at work? (Specify type of place) (e) Means of injury

23. Signature L V Miller (M. D. or other)
Address 1203 Paseo Date signed 11-22-46

(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 E. Sterling Bills

Licensed Embalmer No. E 3178

P. O. Address 1212 Vine 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.