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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 11 1947

Registration District No. 199

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 978
Registrar's No. 428

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: 2942 BALE 5TH AVENUE 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution --
(Specify whether
In this community 1 YEAR
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. 2909 EAST-26TH STREET 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ---

3. (a) PRINT FULL NAME CAROL ANN BIRD

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 SINGLE
6. (b) Name of husband or wife --
6. (c) Age of husband or wife if alive -- years

7. Birth date of deceased DECEMBER (Month) 7 (Day) 1945 (Year)

8. AGE: Years 1 Months 2 Days 20 If less than one day ___ hr. ___ min.

9. Birthplace KANSAS CITY (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation INFANT

11. Industry or business --

FATHER
12. Name HAROLD C. BIRD
13. Birthplace KANSAS CITY (City, town, or county) MISSOURI (State or foreign country)

MOTHER
14. Maiden name BETTY JANE SMITH
15. Birthplace CALLATIN (City, town, or county) MISSOURI (State or foreign country)

16. (a) Informant Harold C. Bird
(b) Address 2909 E 26th St.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JAN-29-1947 (Month) (Day) (Year)
(c) Place: burial or cremation FOREST HILL CEMETERY

18. (a) Signature of funeral director D. N. Newcomer's Sons
(b) Address 1401 - BRUSH CREEK BLVD.

19. (a) 1-29-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JANUARY day 27TH year 1947 hour 3 minute 15 P. M.

21. I hereby certify that I attended the deceased from ___, 19___, to ___, 19___;
that I last saw h___ alive on ___, 19___;
and that death occurred on the date and hour stated above.

Immediate cause of death Deputy Coroner Acute Respiratory Failure
Due to Presumably Strangulation
Due to bed clothes
Other conditions --
(Include pregnancy within 3 months of death)

Major findings:
Of operations 182-2 16
Of autopsy See Above

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) Accident 123
(b) Date of occurrence 1/27/47
(c) Where did injury occur? Kansas City Mo (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? NO (e) Means of injury Strangulation

23. Signature ~~2800~~ A. E. Upsher (M. D. or other) M. D.
Address 2800 Main Date signed 1/27/47

(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. Melvin Miller

Licensed Embalmer No. 4407

P. O. Address Kansas City, 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.