S. No. 2
M—5-43
. 5-17-39
1 X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4698

FILED MAR 1 1948

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 737

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town K.C. Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Trinity Lutheran Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 18 hrs. 15 min. (Specify whether
In this community ✓ see above
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Johnson 999

(c) City or town Merriam Kan. 14
(If outside city or town limits, write "RURAL")

(d) Street No. Box 261 Merriam Kan. 2
(If rural, give location)

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

If yes, name country ✓

3. (a) PRINT FULL NAME Carla Jean Ambrose

3. (b) If veteran, name war ✓ no

3. (c) Social Security No. none

4. Sex Female

5. Color or race W

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 Feb. (Month) 16 (Day) 1948 (Year)

8. AGE: Years ✓ Months ✓ Days ✓ If less than one day 18 hr. 15 min.

9. Birthplace K.C. Mo. (City, town, or county) Mo. (State or foreign country)

10. Usual occupation ✓ infant

11. Industry or business ✓

FATHER
12. Name John Robert Ambrose
13. Birthplace Merriam, Kansas (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Louise Clarrey
15. Birthplace Olathe, Kansas (City, town, or county) (State or foreign country)

16. (a) Informant Mary Louise Ambrose
(b) Address Box 261 - Merriam

17. (a) ~~BURIAL~~ REMOVAL (Burial, cremation, or removal) (b) Date thereof 2 - 19 - 48 (Month) (Day) (Year)
(c) Place: burial or cremation SHAWNEE, KS.

18. (a) Signature of funeral director Bill Daniels
(b) Address 711 Ocean, K.C.K.

19. (a) 2-19-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 17th
year 1948 hour 8:00 minute 30 A.M.

21. I hereby certify that I attended the deceased from 2/16/48
—, 19..., to 2/17/, 1948
that I last saw her alive on 2/17/, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Atelectasis

Due to Prematurity

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 159

Of autopsy

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)

(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 G S Belaval (M. D. or other) M.D.
Address 1401 Southwest Blvd. Date signed 2/17/48

(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 Augustus C. Werner

Licensed Embalmer No. 2597

P. O. Address Kansas City, Kansas

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.