No. 2
-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. 38220
Registrar's No. 4912

FILED DEC 9 1947
Registration District No. 149
Primary Registration District No. 1002

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: 2114 Montgall
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: 8 Years

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.: 2114 Montgall 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: Janet Jane Ingram
3. (b) If veteran, name war: No
3. (c) Social Security No.: No
4. Sex: Female 2
5. Color or race: Negro
6. (a) Single, widowed, married, divorced: Single 0
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: ..... years
7. Birth date of deceased: April 19, ~~1940~~ 1941 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
6	7	4	..... hr. ..... min.

9. Birthplace: Kansas City, Missouri 0 (City, town, or county) (State or foreign country)
10. Usual occupation: Child
11. Industry or business:
MOTHER FATHER
12. Name: Walter Ingram
13. Birthplace: Mart, Texas (City, town, or county) (State or foreign country)
14. Maiden name: Mabel Perkins
15. Birthplace: Jackson, Mississippi (City, town, or county) (State or foreign country)
16. (a) Informant: Mae Helen Ingram
(b) Address: 2114 Montgall
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11/25/47 (Month) (Day) (Year)
(c) Place: burial or cremation: Lincoln Cemetery
18. (a) Signature of funeral director: Arthur Brad
(b) Address: 1729 Lydia Ave.
19. (a) 11-25-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 23 year 1947 hour 1 minute 9 A. M.
21. I hereby certify that I attended the deceased from Deceased, 19..., to Coroner, 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Asphyxiation	
Due to House Fire	
Due to 1-Degree Burns	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: 10 (11) 6 10 15
Of autopsy: no

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): Accident 173
(b) Date of occurrence: 11-23-47
(c) Where did injury occur? K.C. Jackson Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? House - 2114 - Montgall Ave. (Specify type of place)
While at work? ..... (e) Means of injury: Burns
23. Signature: H. Williams (M. D. ~~or other~~) (Licensed Embalmer's Statement on Reverse Side)
Address: 2636 - Brooklyn Date signed: 11-25-47

Jefferson City Printing Co.

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 Bruce Riley, Registered Apprentice No. 511, working under my personal supervision.

Signed Jerome Manlove

Licensed Embalmer No. 3994

P. O. Address 2503 Highland

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.