

No. 2
-1/47
5-17-39

National Office of Vital Statistics

FILED DEC 9 1947 149
Registration District No. **149**

Primary Registration District No. **1002**

WRITE PLAINLY—USING 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 **2114 Montgall**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **29 Years** (Specify whether 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. **2114 Montgall** **8**
(If rural, give location)

(e) Citizen of foreign country? **NO** (Yes or No) **11**
If yes, name country

3. (a) PRINT FULL NAME **Mabel Emma Ingram**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **No**

4. Sex **Female** 5. Color or race **Negro**

6. (a) Single, widowed, married, divorced, **Widowed**

6. (b) Name of husband or wife **Walter Ingram** 6. (c) Age of husband or wife if alive, years

7. Birth date of deceased **April 10, 1914**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	33	7	13	hr. min.

9. Birthplace **Jackson, Mississippi**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business

12. Name **Bruce Perkins**

13. Birthplace **Jackson, Mississippi**
(City, town, or county) (State or foreign country)

14. Maiden name **Beatrice**

15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mae Helen Ingram**

(b) Address **2114 Montgall**

17. (a) **Burial** (b) Date thereof **11/25/47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Lincoln Cemetery**

18. (a) Signature of funeral director **Jackson's Bros.**

(b) Address **17219 Lydia Avenue**

19. (a) **11-25-47** (b) **M. Geraldine Holmes**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **11** day **23**
year **1947** hour **1** minute **9** M.

21. I hereby certify that I attended the deceased from **19** to **19** at **Deputy Coroner** and that death occurred on the date and hour stated above.

Immediate cause of death **3rd Degree Burns**

Due to **Entire Body**

Other conditions **House Fire**
(Include emergency within 3 months of death)

PHYSICIAN

Major findings: Of operations

Of autopsy **No** **18 15**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **Accident 123**

(b) Date of occurrence **11-23-47**

(c) Where did injury occur? **P.C. Jackson - Mo.**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **Home - 2114 - Montgall Ave.**
While at work? (Specify time of place) **Burns**

(e) Means of injury **Burns**

23. Signature **H. Williams** (M. D. or other) **11/25/47**
Address **1636 Brooklyn** Date signed **11-25-47**

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.

This body was not embalmed.
Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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.