

REC'D APR 18 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

12105  
Do not use this space.

## 1. PLACE OF DEATH

(a) County St. Clair 2 Registration District No. 761  
(b) Township Appleton 1 Primary Registration District No. 6002 Registered No. 8  
(c) City ..... (d) Street No. .... St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

(a) Residence, No. 524 Stephen Girard Ingle St.   
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF Kate Thomas  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 22, 1848  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
90 6 7  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer  
9. Industry or business in which work was done, as saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

FATHER 13. NAME James V Ingle

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER 15. MAIDEN NAME Hennetta Ernst

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT Leona Richards  
(ADDRESS) Appleton City, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Appleton City DATE Mar 30 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Frank Lee  
Appleton City, Mo.

20. FILED Mar 29, 1939 Chas. Abney  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 29, 1939

I HEREBY CERTIFY, That I attended deceased from March 20, 1939, to March 29, 1939  
I last saw him alive on March 28, 1939. Death is said to have occurred on the date stated above, at 3:22 m.  
The principal cause of death and related causes of importance were as follows:

Myocarditis, Ch  
Senility  
Other contributory causes of importance: 925

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ..... Date of injury ..... 19.....  
Where did injury occur? ..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....  
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify .....

(Signed) Chas. Abney M. D.  
(Address) Appleton City, Mo

RECEIVED

District Health Officer No. 7<sup>5</sup>

District File Number 7-39-60

Date Filed 4-15-39

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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, .....

29 day of March 1939 ....., or by .....

Registered Apprentice No. ...., working under my personal supervision.

Signed Frank Lee .....

Licensed Embalmer No. 1099 .....

P. O. Address Appleton City, Wis. .....

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, above space should be left blank.