

STANDARD CERTIFICATE OF DEATH

State File No. **42527**

Registration District No. **399**

Primary Registration District No. **1007**

Registrar's No. **4936**

JAN 13 1940

1. PLACE OF DEATH:

(a) County **Jackson**
 (b) City or town **Memras**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **1136 Pacific**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **4 months** (Specify whether years, months or days) **5 1/2**

3. (a) PRINT FULL NAME **Dominick Joseph Ingolia**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **male** 5. Color or race **Italian** 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 **Sept 14 1929**
 (Month) (Day) (Year)

8. AGE: Years _____ Months **3** Days **15** If less than one day _____ hr. _____ min.

9. Birthplace **Memras City mo** (City, town, or county) (State or foreign country)

10. Usual occupation **clerk**

11. Industry or business _____

MOTHER FATHER { 12. Name **Anthony Ingolia**
 13. Birthplace **Memras City mo** (City, town, or county) (State or foreign country)
 14. Maiden name **Jane Sola**
 15. Birthplace **Memras City mo** (City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Anthony Ingolia**

(b) Address **1136 Pacific St**

17. (a) **Buried** (b) Date thereof **Dec 20-29**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **mt St Mary Cemetery**

18. (a) Signature of funeral director **Sanantich Bros**

(b) Address **1136 Pacific St**

19. (a) **Dec. 30, 1939** (b) **M. M. Brown**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **mo** (b) County **Jackson**
 (c) City or town **Memras** (If outside city or town limits, write "RURAL")
 (d) Street No. **1136 Pacific** (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **29**
 year **39** hour _____ minute **6:00** M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.
 Immediate cause of death **status thymolymphaticus**

Due to **67**

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____ Of autopsy _____

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, town, or county) (State) _____
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
 While at work _____ (Specify type of place)
 23. Signature **Victor M. Hubler** (M. D. or other) _____
 Address **Kelso** Date signed _____

Duration _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATE OF MISSOURI
DEPARTMENT OF HEALTH
DIVISION OF PUBLIC HEALTH
BUREAU OF HEALTH OFFICERS
ST. LOUIS, MO.
OFFICE OF THE STATE HEALTH OFFICER
ST. LOUIS, MO.

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.....

Park G. Rowe

Licensed Embalmer No.

2349

P. O. Address.....

K. C. 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, above space should be left blank.

