FILED JUL 15 1940

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

21162
Do not use this space.

1. PLACE OF DEATH 2
(a) County Benton Registration District No. 64
(b) Township Union Primary Registration District No. 5101 Registered No. 16
or
(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 526 Nettie Gertrude Ingram
(a) Residence, No. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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: William Ingram
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan 8, 1870
7. AGE: YEARS 70 MONTHS 5 DAYS 5 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: House wife
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): Sharrdon County Missouri 0

FATHER
13. NAME: R. G. Chadwrick 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio 1

MOTHER
15. MAIDEN NAME: Kate Shmidt
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Buffalo New York

17. INFORMANT (ADDRESS): R. C. Chadwick
18. BURIAL, CREMATION, OR REMOVAL
PLACE: BellView DATE: June 14 1940
19. FUNERAL DIRECTOR (NAME) (ADDRESS): White Funeral Home Warsaw, Mo
20. FILED June 18 1940 M. C. Watson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 12, 1940
22. I HEREBY CERTIFY, That I attended deceased from June 10, 1940, to June 12, 1940
I last saw her alive on June 12, 1940. Death is said to have occurred on the date stated above, at 12 m. midnight
The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Flu	
11B	

Other contributory causes of importance:

Name of operation: None Date of
What test confirmed diagnosis? X Was there an autopsy? No

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

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) H. G. Savage, M. D.
66 (Address) Warsaw Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

RECEIVED
District Health Officer No. 7,
District File Number 7-40-1031
Date Filed 7-9-40

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 John F. Reser

Licensed Embalmer No. 4098

P. O. Address Warsaw Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

No. 2B
2-21-40
I X22659

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21162

Registration District No. 64 Primary Registration District No. 3101 Registrar's No.

1. PLACE OF DEATH:

(a) County: Benton

(b) ~~City or town~~ Union T. P.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Benton

(c) City or town: Rural Union
(If outside city or town limits write "RURAL")

(d) Street No.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME: Nettie Gertrude Ingram

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex: F

5. Color or race: W

6. (a) Single, widowed, married, divorced: wd

6. (b) Name of husband or wife

6. (c) Age of husband, or wife, if alive years

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 70 Months 5 Days 5 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

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

14. Maiden name

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

16. (a) Informant

(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) June 18, 1940 (Date received local registrar) (b) M. C. Watson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 12 year 1940 hour minute M.

21. I hereby certify that I attended the deceased from , 19, to , 19; that I last saw h alive on , 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 H. G. Savage (M. D. or other)

Address Warsaw Mo Date signed

SUPPLEMENTARY