

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **24355**  
Registrar's No. **2965**

Registration District No. **399** Primary Registration District No. **1002**

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

1. PLACE OF DEATH:  
(a) County **Jackson**  
(b) City or town **K.C.**  
(c) Name of hospital or institution **General Hospital**  
(d) Length of stay: In hospital or institution **Week**  
In this community **Week** years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State **MO** (b) County **Jackson**  
(c) City or town **K.C.**  
(d) Street No. **300 Bellfontaine**  
(e) If foreign born, how long in U. S. A.?

8. (a) PRINT FULL NAME **EDWARD INGE 520**  
3. (b) If veteran, name war. No. 3. (c) Social Security No.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **7** day **23** year **1940**  
hour minute M.

4. Sex **m** 5. Color or race **w**  
6. (a) Single, widowed, married, divorced.  
6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive years  
7. Birth date of deceased **Jan 25 1939**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **12<sup>25</sup> 4<sup>PM</sup>** 19  
that I last saw him alive on **12<sup>25</sup> 4<sup>PM</sup>** 19  
and that death occurred on the date and hour stated above.  
Immediate cause of death

8. AGE: Years **1** Months **6** Days **0** If less than one day hr. min.

**Broad pneumonia**  
**Overdose of barbituric pills**  
Other conditions (Include pregnancy within 3 months of death)

9. Birthplace **K.C.** (City, town, or county) **MO.** (State or foreign country)

10. Usual occupation **0**  
11. Industry or business **0**

Major findings:  
Of operations  
Of autopsy  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

MOTHER FATHER  
12. Name **Wm. F Inge**  
13. Birthplace **K.C. MO.**  
14. Maiden name **Catherine Hooper**  
15. Birthplace **MO.**

16. (a) Informant **Wm. F Inge**  
(b) Address **300 Bellfontaine**  
17. (a) **Burial** (b) Date thereof **7-25-40**  
(c) Place: burial or cremation **Greenland Cem**

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) **Accident**  
(b) Date of occurrence **7-22-40**  
(c) Where did injury occur? **K.C. MO**  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
While at work (Specify kind of place) By Means of Injury **5**

18. (a) Signature of funeral director **H. H. ...**  
(b) Address **K.C. MO.**  
19. (a) **July 25, 1940** (b) **M. H. ...**  
(Date received local registrar) (Registrar's signature)

23. Signature **Victor H. ...** (M. D. or other)  
Address **K.C. MO** Date signed

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.....

*Francis Walton*  
working under my personal supervision.

Registered Apprentice No. *2744*

Signed *By Francis Walton*  
*J. A. [unclear]*  
Licensed Embalmer No. *2744*

P. O. Address *K.P. 2110*

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.