

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

12201

State File No. _____

Registration District No. 796

Primary Registration District No. 6039

Registrar's No. 58

1. PLACE OF DEATH

- (a) County Saline
(b) City or town Marshall Rural
(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)
In this community 83 years
years, months or days

3. (a) PRINT
FULL NAME

W. Boyd Ingram

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Mollie Ridd Ingram 6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased Nov. 18 1857
(Month) (Day) (Year)

8. AGE: Years 83 Months 4 Days 0 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmers

11. Industry or business _____

12. Name James S. Ingram
13. Birthplace Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Mary Jane Portman
15. Birthplace Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Leta Ingram
(b) Address Marshall Mo.

17. (a) Burial (b) Date thereof Feb 20 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation Ingram Cemetery

18. (a) Signature of funeral director Chapman R. Rife
(b) Address Marshall Mo.

19. (a) 3-20-41 (b) W. Boyd Ingram
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Saline
(c) City or town Marshall Rural
(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.? 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 18
year 1941 hour 5 minute 30 P. M.

21. I hereby certify that I attended the deceased from March 13 1941 to March 16 1941
that I last saw him alive on March 16 1941
and that death occurred on the date and hour stated above.

- Immediate cause of death Chronic Pneumonia Duration 2 days

- Due to Influenza, heart 10 days

- Due to old fracture left hip 4 yrs

- Other conditions Myocardial Infarction
(Include pregnancy within 3 months of death)

- Major findings: None

- Of operations None

- Of autopsy None

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

- (a) Accident, suicide, or homicide (specify) None
(b) Date of occurrence None
(c) Where did injury occur? None
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

- While at work? None (Specify type of place)
(e) Means of injury 2 A

23. Signature W. B. Ingram (M. D. or other) 1/13/41
Address Marshall Mo. Date signed 2/19/41

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

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 7-11-74

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 Jas. H. Lewis
Licensed Embalmer No. 1171
P. O. Address Marshall M

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.