

No. 2
4-13-40
-17-39
X23159

Registration District No. **361**

Primary Registration District No. **558E**

Registrar's No. **2**

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

1. PLACE OF DEATH:

(a) County Hickory

(b) City or town Cross Timbers Mo
(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 _____
years, months or days

3. (a) PRINT FULL NAME Mollie B. Ingram

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex M 5. Color or race whr

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

6. (b) Name of husband or wife Walter H. Ingram

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

7. Birth date of deceased April 1, 1868
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>72</u>	<u>10</u>	<u>24</u>	hr. _____ min.

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

10. Usual occupation Wife

11. Industry or business _____

12. Name Jane Dickerson

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

14. Maiden name Amanda Donnell

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

16. (a) Informant Stanley Ingram

(b) Address Hermitage, Mo

17. (a) burial (b) Date thereof 2/28/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Walker Cem

18. (a) Signature of funeral director JR Luckey

(b) Address Wheatland Mo

19. (a) May 3 '41 (b) B O Prickett
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Hickory

(c) City or town Cross Timbers, Mo
(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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 25 year 1941 hour 11 minute 00 M.

21. I hereby certify that I attended the deceased from Jan 2, 1940, to Feb 25, 1941;
that I last saw her alive on Feb 12, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris

Due to no history

Due to _____

Other conditions no history
(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 or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 322

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature J M Edwards (M. D. or other) Phys

Address Cross Timbers Mo Date signed Feb 26 '41

Duration 1 1/2 yr.

PHYSICIAN
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 7

District File Number 5-41-936

Date Filed 5-9-41

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 *J. R. Luckey*
Licensed Embalmer No. 2982
P. O. Address *Wheaton, Ill.*

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, fact should be so stated above.