

Registration District No. 684

Primary Registration District No. 4408

Registrar's No. 10

1. PLACE OF DEATH:

(a) County Pike  
(b) City or town Bowling Green  
(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 \_\_\_\_\_ (Specify whether years, months or days)

3. (a) PRINT FULL NAME John David 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 \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Feb 26 1860  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
81 1 5 hr. \_\_\_\_\_ min.

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

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER  
12. Name William Ingram  
13. Birthplace North Carolina  
(City, town, or county) (State or foreign country)  
14. Maiden name Isabel Tuet baugh  
15. Birthplace Pike Co. Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. P. J. Gilbert  
(b) Address Bowling Green, Mo  
17. (a) BURIAL (b) Date thereof Apr 3-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Mt Zion Cemetery

18. (a) Signature of funeral director Wm. J. Banks head  
(b) Address Bowling Green, Mo  
19. (a) 4-9-41 (b) W. J. Banks head  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pike  
(c) City or town Bowling Green  
(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 April day 1  
year 1941 hour 11:45 minute \_\_\_\_\_ P. M.  
21. I hereby certify that I attended the deceased from January  
\_\_\_\_\_ 1941 to April \_\_\_\_\_ 1941  
that I last saw him alive on April 1 \_\_\_\_\_ 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Nephritis  
Due to \_\_\_\_\_  
Due to 12/18  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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? 116  
(Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature T. H. W. E. ... (M. D. or other) \_\_\_\_\_  
Address Bowling Green, Mo Date signed 4-3-41

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

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. 10

District File Number 5-41-867

Date Filed MAY - 8 1941

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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 George Bankhead

Licensed Embalmer No. 2704

P. O. Address Bowling Green, 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.