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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 5 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

24840

State File No.

Registration District No. 176 Primary Registration District No. ~~176~~ 4105 Registrar's No. 4

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

21
0
0

1. PLACE OF DEATH:
(a) County Chariton
(b) City or town Sumner, 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 1 (Specify whether
In this community 43 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Chariton 021 0 0
(c) City or town Sumner
(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.? 43 0 years.

3. (a) PRINT FULL NAME Louis Ingenhousz
3. (b) If veteran, name war Comp. Serv. Colonial Cavalry Holland, Jeli Borneo & Java in East Indies.
3. (c) Social Security No. 499-5-7741

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Nele Dora Jennings Ingenhousz
6. (c) Age of husband or wife if alive 48 years
7. Birth date of deceased 12 (Month) 5 (Day) 1877 (Year)

8. AGE: Years 63 Months 7 Days 11 If less than one day hr. min.

9. Birthplace Amsterdam Holland X
(City, town, or county) (State or foreign country)
10. Usual occupation Painter
11. Industry or business Store Manager
MOTHER FATHER
12. Name Ferdinand Ingenhousz
13. Birthplace Holland
(City, town, or county) (State or foreign country)
14. Maiden name Wilhelmina Ingenhousz
15. Birthplace France
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs Dora Ingenhousz
(b) Address Sumner, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 20-1941 (Month) (Day) (Year)
(c) Place: burial or cremation Sumner, Mo. I.O.O.F.
18. (a) Signature of funeral director W. G. Thorne
(b) Address Laclede, Mo.
19. (a) July 30-1941 (Date received local registrar) (b) Pearl Stevens (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17
year 1941 hour 10: minute 30 A.M.
21. I hereby certify that I attended the deceased from July 7, 1941, to July 17, 1941
that I last saw him alive on July 16, 1941
and that death occurred on the date and hour stated above.

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

Duration

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. H. Patton (M. D. or other) Dec
Address Brookfield Mo Date signed 7-28-41

(Licensed Embalmer's Statement on Reverse Side)

SEP 4 1941

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 8-4-41

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 Me W. G. Tharne, Registered Apprentice No. 2876 working under my personal supervision.

Signed W. G. Tharne

Licensed Embalmer No. 2876

P. O. Address Laclede, Mo

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

If this body is not embalmed, fact should be so stated above.