

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
General Hospital #2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3-8-41-7-23-41
(Specify whether
In this community 34 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 1622 Paseo
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Ralph Ingram

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced single

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

7. Birth date of deceased Unknown
(Month) (Day) (Year)

8. Age 65 Years Months Days If less than one day
Unknown hr. min.

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

10. Usual occupation Laborer

11. Industry or business _____

12. Name Sunday Ingram

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

14. Maiden name Maggie

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

16. (a) Informant Record Clerk

(b) Address General Hospital #2

17. (a) burial (b) Date thereof 8/4/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Leeds

18. (a) Signature of funeral director Walter Bros

(b) Address 874/41

19. (a) 8/4/41 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 23
year 41 hour 7 minute 25 A. M.

21. I hereby certify that I attended the deceased from 3-8- 19 41 to 7-23- 19 41
that I last saw him alive on 7-23- 19 41
and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary Edema & Congestion Duration _____

Due to Cachexia

Due to Epidermoid cancer of penis

Other conditions III
(Include pregnancy within 3 months of death)

Major findings: Of operations 5/2

Of autopsy Above Mentioned 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 R. P. [unclear] (M. D. or other) 0
Address Gen. Hosp. #2 Date signed 7-24-41

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

108
28

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

Isaac Jerome Maylove

Licensed Embalmer No. *3994*

P. O. Address *2503 Highland*

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.