

FILED AUG 29 1941

Registration District No. 750

Primary Registration District No. 4451

1. PLACE OF DEATH:  
(a) County Ripley  
(b) City or town Doniphan  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Williams Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 day (Specify whether  
In this community Lifetime years, months or days)

3. (a) PRINT FULL NAME JESSIE LEE 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 Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years (Day) (Year)

7. Birth date of deceased April 26 1926  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>15</u>	<u>2</u>	<u>28</u>	<u>hr. min.</u>

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

10. Usual occupation School Boy

11. Industry or business \_\_\_\_\_

12. Name Boyd Ingram  
13. Birthplace Flackamas Ark  
(City, town, or county) (State or foreign country)

14. Maiden name Lela Tyler  
15. Birthplace Poston Ark  
(City, town, or county) (State or foreign country)

16. (a) Informant Lela Ingram (mother)  
(b) Address Doniphan Mo

17. (a) Burial (b) Date thereof 7-15-41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Tucker Cemetery

18. (a) Signature of funeral director H. Jordan  
(b) Address Doniphan Mo

19. (a) 7-15-41 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Ripley  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. Paynor Trwp (If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13, year 1941 hour 11 minute 10 P. M.

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

Immediate cause of death Lobar Pneumonia

Due to measles and exposure

Due to \_\_\_\_\_

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

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? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) 0  
Address Ripley Mo Date signed 7-14-41

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

RECEIVED

District Health Officer No. 5,

District File Number. 841850

Date Filed \_\_\_\_\_

**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 \_\_\_\_\_

Licensed Embalmer No. 32001

P. O. Address Alouphar 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, fact should be so stated above.**

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 29208

Registration District No. 250

Primary Registration District No. 4451

Registrar's No. ....

1. PLACE OF DEATH:

(a) County Ripley  
(b) City or town Doniphan  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Williams Hosp  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 day (Specify whether  
In this community Lifetime years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Jessie L. Ingram  
3. (b) If veteran, name war..... 3. (c) Social Security No.....

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month July day 13  
year 1941 hour..... minute..... M.  
21. I hereby certify that I attended the deceased from.....  
that I last saw him/her alive on....., 19.....  
and that death occurred on the date and hour stated above.  
(Immediate cause of death.....)

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced S  
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased April 26 1926  
(Month) (Day) (Year)

Duration  
Due to.....  
Due to.....  
Other conditions.....  
(Include pregnancy within 3 months of death)

8. AGE: Years 15 Months 2 Days 5 (If less than one day..... min.  
9. Birthplace..... (City, town, or county) (State or foreign country)

Major findings:  
Of operations.....  
Of autopsy.....  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

10. Usual occupation.....  
11. Industry of business.....  
12. Name.....  
13. Birthplace..... (City, town, or county) (State or foreign country)  
14. Maiden name.....  
15. Birthplace..... (City, town, or county) (State or foreign country)

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

16. (a) Informant.....  
(b) Address.....  
17. (a)..... (b) Date thereof..... (Month) (Day) (Year)  
(Burial, cremation, or removal)  
(c) Place: burial or cremation.....  
18. (a) Signature of funeral director.....  
(b) Address.....

23. Signature..... (M. D. or other).....  
Address..... Date signed.....

19. (a)..... (b) EB Johnston  
(Date received local registrar) (Registrar's signature)

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

SUPPLEMENTARY

